

The survival secrets of solitaires

Ian O'Donnell as part of a special feature on prisons



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Promoting excellence in psychology

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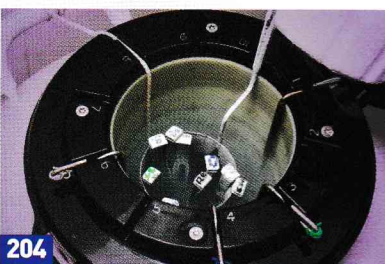
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The Psychologist is the monthly publication of The British Psychological Society. It provides a forum for communication, discussion and controversy among all members of the Society, and aims to fulfil the main object of the Royal Charter, 'to promote the advancement and diffusion of a knowledge of psychology pure and applied'.

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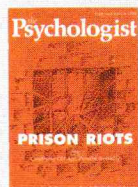
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25 years ago

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The Psychologist and Digest Editorial Advisory Committee

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the issue

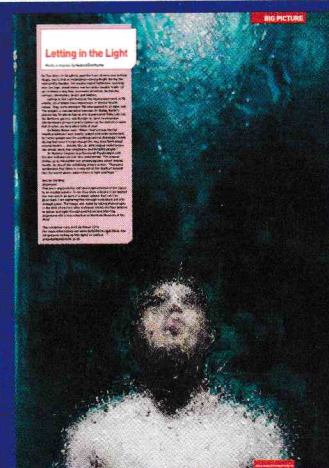
In 2013, prisoners in England and Wales were banned from receiving books, as part of a new 'incentives and earned privileges' regime. Declaring the ban unlawful the following year, a High Court judge said: 'A book...may be very useful or indeed necessary as part of a rehabilitation process.' I was reminded of an old saying, 'People are sent to prison as punishment, not *for* punishment.'

How does this play out in practice? What is the experience of imprisonment like, and how do psychologists play their part in rehabilitation? This month a collection of articles considers these questions, beginning with Ian O'Donnell on solitary confinement (p.184).

There's more, including a look at 'new frontiers of family' ahead of a Society seminar series (see p.204). Keeping these packed issues coming is a challenge, so thanks to all who responded to my call for contributions in the latest 'From The Psychologist' e-mail. So many interesting ideas: sometimes this feels like the best job in the world!

Dr Jon Sutton

Managing Editor @psychmag



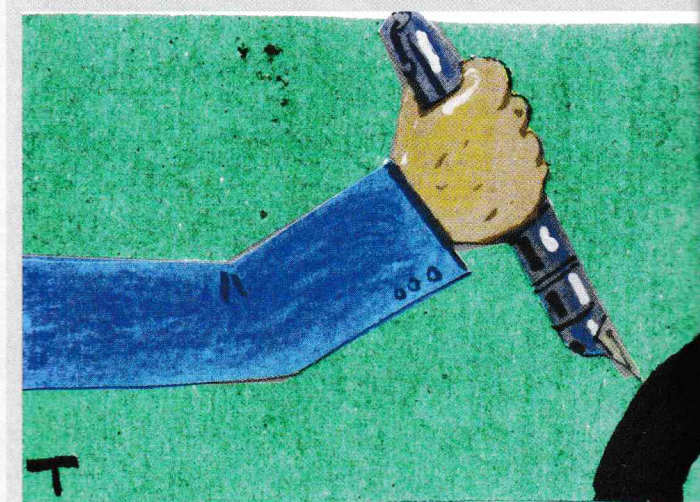
Big picture centre-page pull-out
image by George Harding, words by Victoria Tischler

Time for insulting reviews to stop?

As researchers, we have all had our fair-share of negative, insulting reviews of papers we have submitted. We share our stories of such reviews over coffee with colleagues, as if they are 'battle-scars': evidence of intellectual warfare in the theatre of the academy. Maybe you are one of those rare researchers who have never had this happen to you. Fear not, you can read of others' experience: www.shitmyreviewerssay.tumblr.com provides a collection of anonymously submitted negative and insulting comments researchers have received from their reviewers. Spending some time reading these comments might brighten your afternoon: *schadenfreude* is indeed alive and well in academic circles. (To demonstrate I am no better, my favourite exemplar is 'Find your inner nerd – it must be a big part of you – bind and gap it and then dump it in the ocean tied to a large rock' – <http://bit.ly/1PrcAyR>). Scientists fortunate enough to be in permanent academic positions – replete with high-impact publications and grant income – would likely be able to shrug off such comments to their work. (But why should they?) But my concern is not for them. (Although, why shouldn't it be?)

My concern lies with the next generation of researchers. We are in danger of alienating some of the brightest junior researchers by degrading their hard work via insulting reviews. Imagine – perhaps you do not need to – you are a junior

researcher from a non-English-speaking country. You worked impeccably hard during your undergraduate degree to excel and be accepted on to a graduate programme, which itself brings



Instilling scientific rigour at the grassroots

There is increasing awareness of the problem of unreliable findings across social, psychological and biomedical research. The 'publish or perish' culture, and the bias towards generating novelty and positive results, may incentivise running multiple small studies measuring multiple outcomes. This, combined with flexible analytical procedures, can generate a large number of positive results, but many will be false positive. These positive results are

disproportionately rewarded with publication, potentially leading to grant funding and career advancement. Current incentive structures therefore perpetuate poor practice.

Changing these incentives requires a cultural shift in both thinking and practice. Improved doctoral and postdoctoral research methods training is vital (Munafò et al., 2014). However, changing scientific culture can begin at the undergraduate level, instilling the

principles of transparency and scientific rigor at the grassroots.

British undergraduate psychology courses have an assessed research component. Given the timescale and resources available, student projects are often small, suffering from many of the associated problems, such as low power to detect genuine effects, and increased likelihood of finding false ones (Button et al., 2013; Ioannidis, 2005). The sheer number of these projects, coupled with

contribute

THE PSYCHOLOGIST NEEDS YOU!

Letters

These pages are central to The Psychologist's role as a forum for communication, discussion and controversy among all members of the Society, and we welcome your contributions. Send e-mails marked 'Letter for publication' to psychologist@bps.org.uk; or write to the Leicester office.



Letters over 500 words are less likely to be published. The editor reserves the right to edit or publish extracts from letters. Letters to the editor are not normally acknowledged, and space does not permit the publication of every letter received.

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Robert Sternberg, Oklahoma State University

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with it long-hours, no evenings, and no weekends. You toil in the laboratory in your chosen research question, design what you believe to be a sound experimental procedure, and execute it with care and precision. You analyse your data scrupulously, and find the predicted results. Excitedly, you write your paper, submit it, and wait. Of course, you understand rejection is a (likely) possibility, but you are thrilled at the prospect of seeing your fellow researchers' opinion of your work. However, upon opening the decision e-mail, you see Reviewer 2 states 'Have you no command of the English language?' (<http://bit.ly/1mV2Cii>) Maybe science has just lost this promising researcher.

It is time for insulting reviews to stop. They serve no purpose other than to degrade our fellow scientists. Yes, poor papers will be submitted to our journals. Yes, we will feel frustrated with the lack of detail and rigour provided by authors. Yes, oftentimes researchers will over-interpret their results, or miss a glaring confounding variable in their experiment. But we should not allow our responses to become personal attacks on the

author. If a paper is truly poor, we should highlight the critical shortcomings in an objective, clear manner, without resorting to insults. Done well, peer review is one of the true successes of the scientific discipline. Done poorly, it is one of its failings. Ensuring insulting reviews stop is ultimately in the hands of individual scientists, each making their own dedication to make certain their reviews are insult-free. In time, insulting reviews can cease via this bottom-up process. I ask you to start now.

However, editors of our journals have an immediate responsibility to purge insulting reviews. Every insulting review you have ever received has passed the eyes of an editor. As editors, we owe it to our scientific community to deal with insulting reviews in a top-down manner. How this is achieved, I leave open for discussion. A simple solution is for editors to return any insulting review to the reviewer, with the request to amend their comments accordingly. The editor could remove any insulting aspect of reviews should the reviewer be unable to comply. The pressures of the academy – the ever-increasing competition for journal pages and funding – understandably creates a fierce sense of competition. We need to ensure this competition does not spill over into hostility. It is certainly time for insulting reviews to stop.

James A. Grange

School of Psychology, Keele University

the potential for undisclosed analytic flexibility (Simmons et al., 2011), means that many student projects will generate positive but unreliable findings. If these are published, the student will be at a career advantage, allowing the culture of rewarding chance results over robust methods to take root.

Potential solutions pioneered in clinical trials include pre-registration of study protocols, transparent reporting of methods and results, and designing studies with sufficient statistical power. However, some of these (e.g. statistical power) require resources beyond those available for the typical student project.

A solution widely used in genetics is collaboration (Munafò & Flint, 2014). Individual student assessment and limited access to populations of interest may hinder extensive collaboration within a university, but it could be achieved across universities. As part of a significant collaborative effort, students would benefit from sharing and learning best practice through experience, whilst contributing to a genuinely valuable piece of research. Academics would benefit from aligning research teaching with practice. We acknowledge that may academics already achieve this by embedding student projects into ongoing larger studies. However, such practice is limited by the availability of suitable larger studies and departmental policies.

Drawing on best practices from clinical trials and genetic consortia, psychologists from the universities of Bath, Bristol, Cardiff and Exeter are assessing the feasibility of an innovative consortium-based approach to undergraduate projects, to improve training and research quality.

In brief, academics and their students form a consortium. The research question, protocol and analysis plan are developed collaboratively, publicly pre-registered prior to data collection, and rolled out across the participating centres. Consortium meetings before and after data collection are carefully designed to integrate training with opportunities for creative input. For example, at the post-data meeting, the students present their dissertation results based solely on the data from their centre. The academics subsequently present the pooled analysis, facilitating a discussion of key principles such as sampling variation, site-specific effects, and illustrating how pooling resources to increase power can increase precision. Conclusions are mutually agreed in preparation for wider dissemination, using inclusive authorship conventions adopted by genetic consortia.

Consortium-based projects are both flexible and scalable. Following the initial feasibility study, and in line with evidence-based practice, the next step is to conduct a larger trial of the approach to test its

effectiveness for improving both training and research quality outcomes. If you are interested in being part of this initiative please contact Dr Katherine Button (k.s.button@bath.ac.uk) for more information.

Katherine S. Button

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Finding a path to peace

I write following the challenge in the February issue: Can psychology find a path to peace?

Of course, we all want peaceful outcomes to the present turmoil within various individual countries (increasing standoffs, confrontations, riots, etc.) and conspicuously so between and within countries in the Middle East. But I worry that the hopes (pious and impious) and the happy talk from various pundits about political conflict resolution may largely miss the point.

There are likely to be cycles in human large group behaviour that tend to counter such aspirations. Some behavioural economists predicted the present turmoil well over a year ago (references available). The same authors predicted that the turmoil will not end till 2020ff. We shall find out in due course.

If indeed there is such a 'war cycle', the best that psychology can expect is to round off the more jagged corners.

Sad perhaps, but not too surprising.

John Bench

Melbourne, Australia

I appreciated the contribution by Diane Bretherton to your feature 'Can psychology find a path to peace?', which highlighted important questions for me.

I am writing this from the perspective of an integrative psychotherapist and counsellor working with mainstream groups and not as an expert in ISIS, radicalisation or conflict resolution. But there are a number of ideas I would like to explore.

As psychologists, psychotherapists or counsellors we know that enabling someone to feel heard can allow anger, hostility and conflict to dissipate. Showing someone we seek to recognise, understand and acknowledge their struggles seems to be widely acknowledged as the first step to conflict resolution of any level. Rogers' (1961) approaches have become seen as valuable tools not just in counselling but in any personal as well as professional relationships.

I have wondered for many years if we invested as much time, energy and money in training and deploying diplomats, or diplomatically trained staff, rather than combat staff and weapons, would we be able to defuse conflict earlier and without the need for escalated military action; my assumption is that diplomats are highly trained and experienced in listening, negotiation and conflict resolution skills. In fact, many psychologists,



BY BO YASER

psychotherapists and counsellors develop the same skills either intentionally or as a by-product of their training and work.

I have explored this idea in informal conversations with professional diplomats I have very occasionally met socially over the years. The response to my enquiries tends to be 'We [diplomatic community] think this, but the trouble is, how to convince the government!'

I am not idealistic enough to imagine that simply applying active listening skills or Rogerian Core Conditions to any radicalised youth in Britain or elsewhere will overcome ISIS, but there seems to be an increasing body of concurring research that suggests that radicalised individuals have emerged from those who have felt marginalised from their communities, socially isolated and depressed (e.g. Bhui et al., 2014).

Surely these are the areas in which psychologists work, in different ways, and with different client groups every day? In writing this, I came across the research by Kamaldeep Bhui, who says 'We believe strongly in a public health approach, where those at risk of radicalisation are identified and helped, rather than focusing solely on rare and unpredictable terrorist events after they've happened' (see tinyurl.com/z4kd29j).

I have also been struck for many years that funding is always found for military campaigns. Yet, government investment for psychological therapies is tightly controlled and limited and dependent on charity. Essential and valuable counselling and psychotherapy is often provided by

charities whose counsellors or supervisors may be early in training and working on a voluntary basis, paying for their own insurance, supervision, travel and other expenses. There seems to be a major disparity somewhere that I feel requires highlighting and review.

I value the deployment of British UN Peace Keeping forces to certain conflict zones overseas over the years and also the application in the UK of Community Support Officers. These seem to be indications of a way forward. But there seems to be huge scope for expanding and developing these activities and roles either working alongside the psychology professions or for increased training within the police, armed forces, intelligence or diplomatic services.

So I am left wondering how much can we influence our political leaders from the perspective that we are of helpless victims of terrorism and must meet aggression with defence and hostility, to seeing those vulnerable to radicalisation, not as demonic, but as wounded and needing support like other troubled members of our community?

Gerri McManus

Guildford, Surrey

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Tailoring the treatment

Seeing my 13-year-old brother so unhappy with his life is heart-breaking. He struggles with anxiety and sees the world as an awful place, struggling to find anything right with his life. Despite being referred to a psychologist, one thing I picked up on was that he simply was not engaged in the treatment. This is unsurprising given that the CBT homework he was given was not tailored to children in any way. A 13-year-old boy and a 30-year-old man would never be treated the same in other aspects of life, so why is it the norm to give everyone the same homework as part of treatment? After all, life satisfaction is a huge part of a person's life and should be taken very seriously.

As an undergraduate psychology student, I combined knowledge from my studies and knowledge of my brother (who is happy to be identifiable here) to develop and test a theory. Whilst the 'black-and-white, tick box, talk about your feelings' type homework is unlikely to engage a boy who has to be forced to complete his school homework, other things do engage him. His biggest interest, for example, is video games. A common feature in video games is a points system, so I developed a '5 things that went well today' list. Each positive he listed was the equivalent of so many points and once a certain amount of points was achieved, these could be exchanged for rewards.

Whilst I realise this is a very straightforward exercise, the point was to prove not only that it is possible to engage my brother in homework of some sort, but

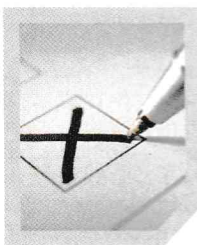
also that it is possible to facilitate the recognition of positives in his life. After three weeks of completing the challenge, I found that my brother was not only happy to complete it daily, but that he didn't even need prompting. It became part of his daily routine and he found it easier and easier to think of 5 positives, which is a huge change in his outlook on life.

It is vital to catch disorders such as anxiety and depression in their early stages in order to minimise the impact of it on a person's life and stop it from spiralling out of control. It is worrying to think that many young people could have been engaged in treatment and found it helpful but may not have been simply because the

treatment didn't take them, as individuals, into consideration. Each person is an individual and should be seen that way. Whilst I appreciate that developing a tailored therapy for each client would be time-consuming and

impractical, I do strongly believe that treatments for children and adolescents should be rethought. After all, anxiety affects one in eight children and research has shown that those who go untreated are, understandably, at risk of further problems, such as performing poorly at school. The development of more effective techniques to provide children with homework they will complete is vital. Would an app allowing people to fill in their homework via their smart phone be so difficult? Would it not be possible to set up a points system for rewards similar to that used above in coalition with a child's parents?

Jemma Broadstock
Undergrad, University of Leicester



PRESIDENT'S LETTER

Our theme for this month is psychology and the criminal justice system, and a quick glance through our psychology news releases for just one month demonstrates just how important psychology is in this area and what a vital role psychologists play in the criminal justice system.

If you remember, I recently welcomed the proposal by the Law Commission to include psychologists in wider tests to assess defendants' psychological fitness to plead when facing criminal charges (see also p.172). The Commission rightly now want psychologists advice and test results to supplement the current advice given by a consultant psychiatrist and another medical doctor, on which the whole system depends, and a number of our Society members were involved in the consultation process. Just after that, our Research Digest reported a study in the *Journal of Police and Criminal Psychology* (see <http://digest.bps.org.uk/2016/01/the-police-believe-lot-of-psychology.html>) stating that police officers believe 'a lot of psychology myths related to their work'. Here too, then, there is a clear need for increased input from psychologists, this time into police training.

The third news item showed that the relationship between psychology and criminal justice is not a new one by any means, as those who attended the History of Psychology Centre's seminar on the management of 'mentally ill' offenders in the 19th century, held with University College London, found out very recently. But now, as Dee Anand, who chairs our Division of Forensic Psychology observes: 'It is heartening to see a move towards a less categorical approach to understanding the impact of the judicial process on mental health, and we hope this leads to a more progressive approach in understanding mental health.'

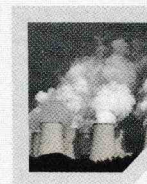
Finally, and looking into the near future, Chartered Psychologists working in forensic settings were reminded that this year marks the final year of grandparenting for the BPS forensic contexts testing qualifications, developed for practitioners who use tests in forensic settings such as prisons, secure hospitals, courts or probation.

Turning to another subject, I have received letters from members who are concerned about the way in which the Society manages its investments, specifically in fossil fuels. There has also been correspondence in *The Psychologist* about this. This, of course, is a very salient issue and one which the Wellcome Trust also recently considered, deciding, in their case, to retain their stock of investments in fossil fuels for the moment. I need to say, as Chair of our Board of Trustees until May, that it is the primary duty of the trustees to ensure that the Society's investments are managed in the best possible way on behalf of all our members. We have an ethical investment policy and annual meetings with the people who manage our investments. Having said that, I have asked that this issue is put on the agenda of our March meeting for discussion so that we can

review the policy and its implications for any current investments, and I am also looking at ways in which the details of our investments can be made available in the most accessible form as soon as possible.



Jamie Hacker Hughes is President of the British Psychological Society. Contact him at PresidentsOffice@bps.org.uk or follow on Twitter: @profjamiehh.



Video gaming – are we asking the right

After reading John Cooter's letter about violence in video games ('Video games – research shortcomings', January 2016), and having completed a psychology undergraduate dissertation in video games, I thought I could contribute to highlighting the state of the field, and dispelling some myths.

The psychological literature focuses on a narrow range of games that are politically loaded and attractive to the media (notably *Grand Theft Auto*) – it is also awash with poor methodological designs. Examples include a study which compared participants' feelings about killing humans to their feelings about killing monsters, where 'monsters' were human zombies (Lin, 2011), a three-week study which didn't control for exposure to violent media outside of the lab (Teng et al., 2011), and a range of studies which

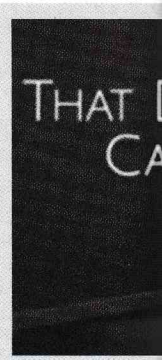
have based their conclusions about 'video game effects' on a single, action-based game which is predicated on killing.

Anderson and Bushman are prominent names in the field. However, their work is largely self-referential (e.g. in their 2001 meta-analysis, nearly a third of the references contained one of the authors). A later meta-analysis was conducted by Ferguson (2007), which took publication bias into account when calculating effect sizes. With this adjustment for social research context, no link was found between behavioural aggression and gaming.

This lack of context is arguably the primary problem with psychological video game research. Much research is already outdated. Data from 4000 American households in 2014 (tinyurl.com/ketagyk) suggests that the average 'gamer' is 35

years old; nearly half of gamers are women and 74 per cent of gamers are over 18. Smartphones are utilised by 35 per cent of people who game. On desktop computers, 'shooter' games make up only 6.4 per cent of games played (and 21.7 per cent of games on other devices). Over half of gaming is done socially.

Despite this, psychological research seems to conform to the stereotype of younger individuals playing violent games, on consoles, alone, at home. There is a huge array of games and platforms to explore, from phone-based puzzle games to desktop fantasy adventures. Video



NOTICEBOARD

We're launching the Surviving Work Survey (www.survivingwork.org/surviving-work-survey) to help us build a map of the trends in working conditions for people working in mental health. The map will include data on the growth of unwaged and honorary work, private contractors and private employment agencies, trends in earnings in the sector, impact on clinical supervision and professional practice.

Because of the growing insecurity of work in mental health and the fear of blacklisting of individuals who raise their concerns, people are often unwilling to speak up at work. As a result not much is known about what is happening to wages, working conditions and clinical practice in our sector. If you are working or studying in mental health practice, please take the survey and then forward it to people who work in mental health. We guarantee the survey is anonymous and no information will be passed on to employers.

Dr Elizabeth Cotton
Senior Lecturer, Middlesex University
Business School

Dust down the 'wrinklies'?

Since a child I have always had an interest in how the brain/mind/memory works. However, a parallel interest in engineering took precedence and shaped the majority of my career in designing and managing engineering and IT services in health care. In my late forties I added an honours degree and master's in psychology to a range of other qualifications. Due to age and unable to get relevant experience, I was not able to advance beyond graduate member status. Now in my late fifties I wonder if am alone in thinking there is much my generation could do to help up-and-coming psychologists. Could we not help pass on skills that young professionals need, and especially with an ageing population whose expectations are different to those in their twenties or thirties?

My generation are the baby boomers; an ever increasing feature of the demographic landscape. Many of us have managed large departments and budgets, and while we perhaps don't tweet or do social media to the extent to the extent that Generation Z does, we do have many other skills that appear to be rapidly disappearing off the horizon. For example, we know how to greet people, know that opening and holding doors open for people is what a civil society expects. We know how to speak with, and to, people and without continually looking at our feet, the importance of eye contact and the impact of a prolonged pause in conversation. We know how to listen, to construct formal letters, how to hold a discussion on a controversial topic and remain

approachable irrespective of the outcome. These, and many other skills, regretfully, in my opinion, appear to be increasing diluted in consummating the relationship with the 'connected world', which perniciously is managing to widen the digital divide.

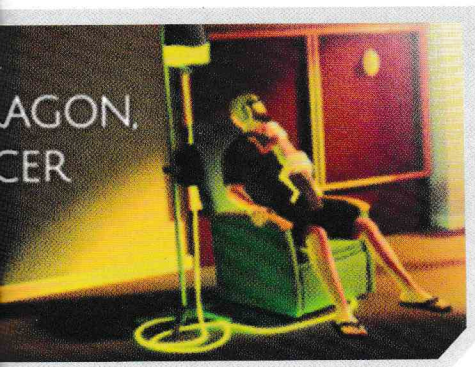
As a reflective practitioner, I do wonder if my thoughts are those of a 'grumpy old man' or whether my openness about such matters reflects what many may think but have reservations to overtly articulate because of concerns with politically correctness.

But what sort of world do we want? What sort of behaviours do we expect from our future healthcare professionals? Is it a move to treating patients as individuals and establishing greater trust between practitioner and patient? After 37 years of working in health, I believe a paradigm shift is required and a re-establishment of basic values that matter. For example, calling a 20-year-old by their first name in clinic may be perfectly acceptable, but is that the expectation or desire of an elderly person in their eighties? Telling someone that more information on their treatment can be found on www.abc123 is of no use to someone who has no computer access or who may have a mobile phone but, so they can heat their home, has forgone the data package.

Is this not the time to dust down some of us 'wrinklies' and use our knowledge, experience and skills gained from other health professions to help reshape Huxley's 'Brave New World'?

Paul Harper
Isle of Man

questions?



games, now ubiquitous, have a broad spectrum of social and cultural meaning. For example, a game called *That Dragon, Cancer* was recently created by parents who wanted to share, though gaming, how they lost their son to cancer (tinyurl.com/hqzmn3o).

This being the case, where is the psychology exploring the wider aspects of playing games, rather than simply 'aggression', 'motor skill' and 'prosocial behaviour'? Where are the psychologists developing reliable and valid measures or methodologies? Where are the psychologists exploring who chooses to play what, and why, and what significance this has? If the profession of psychology insists on a decontextualised and individualised understanding of 'gaming', then it is little wonder that the research base is not getting answers. Perhaps first, we need to start asking the right questions.

Cheyann Heap

Trainee clinical psychologist
University of Hull

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Schizophrenia and biology

I am not clear what argument Patrick Vesey thinks is reinforced by his example of young people who display symptoms of schizophrenia due to autoimmune encephalitis ('Keep looking for biological causes', February 2016). The obvious response is that the appropriate diagnosis is actually the latter, not schizophrenia. Presumably some other physical diseases might also give rise to psychotic symptoms. However, it is not obvious what this has to do with the question of whether or not schizophrenia is a distinct illness with a biological basis.

'Disease entity', conceptualised in terms of aetiology and course, functions as a key theoretical concept in medicine (Hucklenbroich, 2014). Particular disease manifestations are explained by the underlying disease entity (e.g. influenza, autoimmune encephalitis, etc.) and its interactions with environmental forces. The assumption that schizophrenia is a distinct disease entity is a guiding motivation for the continuing attempts to discover a biological explanation for it. However, the enormous amount of research conducted over many years has

failed to deliver any unambiguous conclusions about this. Compare this with the progress in understanding the aetiology of Alzheimer's disease, despite very limited research resources. In the absence of definitive and replicable results, it is perfectly rational to reject the disease assumption motivating schizophrenia research and adopt an entirely different paradigm instead.

Vesey wonders whether there is a group of psychologists opposing research into biological causes of mental health difficulties. If there is such a group, I suspect their main motivation is actually to promote *psychological* accounts of human mental distress!

Richard Hassall CPsychol

Department of Philosophy
University of Sheffield

Reference

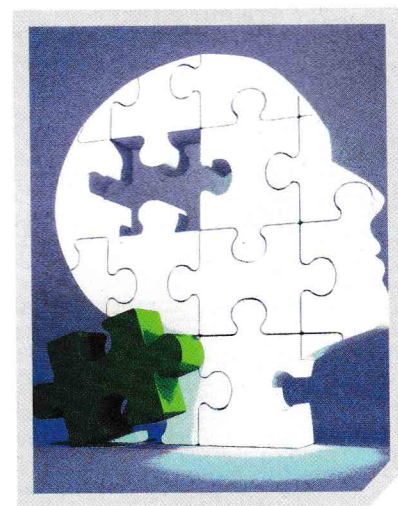
- Hucklenbroich, P. (2014). 'Disease entity' as the key theoretical concept of medicine. *Journal of Medicine and Philosophy*, 39, 609–633.

I have to say, I was shocked but pleased to see mention of NMDA receptor encephalitis (NMDA-r) in the February issue of *The Psychologist*. My sister has been battling this condition for the past two years, and so far I haven't encountered a single mental health professional that is aware of the condition, even though (as Patrick Vesey rightly points out) it's now thought that between 5 and 10 per cent of first presentations of psychosis could be related to the presence of antibodies rather than part of a functional mental health breakdown.

Indeed, my sister counts herself lucky to have received a diagnosis at all. It was only due to a chance opportunity to take part in a research trial that led to this being considered as a possible cause of her difficulties.

Even so, it took a year before she had a specialised assessment and received a definitive diagnosis; a year where she could have been receiving treatment. The research trial that started this all off has now concluded and her Early Intervention Service no longer routinely screens for NMDA-r. Although she tried to receive treatment in her local area, this wasn't comparable to the treatment she received in another part of the country, and so she now travels over 200 miles every month in order to access this.

I know of no group within our profession doing what Patrick suggests, but given the low profile of NMDA-r in the UK my family and I would very much welcome this. My sister could have spent



Looking for biological or psychological roots of human mental distress?

the rest of her life under the impression that she has a chronic mental health issue when in fact she has a treatable neurological condition. Thanks to that research trial she is finally starting to make a recovery, but it's been a long two years for us all.

Anna Galloway

Trainee clinical psychologist
University College London

PDA – consider the evidence

Rebecca McElroy's letter ('PDA – is there another explanation?', January 2016) is evidence of the poor level of understanding of PDA by professionals. She makes no mention of the fact that PDA is a presentation within the autism spectrum, which arises as a result of the high anxiety that a youngster experiences, leading them to avoid even low-level demands at school and at home. This anxiety generates a need for the youngster to be in control. Without this axiomatic understanding of the role of anxiety in PDA Ms McElroy falls into the trap of seeking the spurious and erroneous explanation of linking PDA to an attachment disorder.

In my experience, as a specialist consultant educational psychologist, working almost exclusively with youngsters presenting with PDA, the link by many professionals to attachment disorder is often a label of

convenience. Indeed one consultant child and adolescent psychiatrist with whom I have been working recently remarked that she has 'felt under pressure from other members of the multiagency network to think about attachment issues in relation to (this) case. I often feel that when professionals can't explain a constellation of behaviours they use the rubric of "attachment disorder" as a catch all which is meant to miraculously encapsulate the difficulties (and is also meant to bring about the solution)' (personal communication, 20 December 2015).

Using attachment disorder as an explanation for PDA fails to consider the provenance of the youngster's anxiety-driven need to be in control. Neither does it explain the negative thinking and beliefs which underpin the youngster's extreme need to avoid engaging in tasks not of their choosing which they perceive



as too difficult to complete.

My research (Dyer, 2015) has shown that about 30 per cent of youngsters with PDA in a small scale study ($N = 20$) are out of school placement because the levels of anxiety they experience in a school setting are too high for them to self-manage. This results either in meltdowns in the school or, frequently, in acts of containment within school and meltdowns at home. When the latter occurs, it is then convenient for professionals to play the two contexts off against each other, and arrive at the erroneous conclusion that the behaviour

in the home occurs as part of an attachment disorder.

We do need more research into the dynamics of PDA: my forthcoming book on the subject sets out a clear need to examine, from a learning analytics perspective, those factors which trigger the anxiety in PDA, and how they can be addressed. It also sets out a research agenda for PDA.

We must be careful to ensure that the unestablished link between PDA and attachment disorder does not become the dominant discourse simply because professionals have failed to consider the more likely evidence-based explanations.

Dr Hilary Dyer
Worcester

Reference

Dyer, H. (2015, 16 September). *Opening Pandora's Box: First insights from the National Ex-PDA Research Project*. Research presentation to the Bristol Autism Research Group, University of Bath.

Discipline in the classroom

Three recent correspondents to this journal have diverging views on the technique of writing 'naughty' children's on the board as a method of dealing with undesirable behaviour in the classroom. The initial letter ('Negative effects of reward systems in classrooms', December 2015) wondered whether by singling out individuals the technique may have a detrimental effect on their emotional wellbeing and development, while Esther Ebbing (February) reports it worked, when she was a teacher, to control her pupils.

In fact the naming of naughty children is a very old technique. It features in the Christmas song, 'Santa Claus Is Coming to Town'. Its more recent use in British classrooms probably stems from the classroom behaviour package 'Assertive Discipline' devised by Lee Canter (Canter & Canter, 1992), which was used widely in the 1990s. In the first edition he suggests that after a warning that teachers write the name of any child who does not

follow the class rules or instructions on the board. If they repeat the behaviour a tick is added which would result in a small, mild and irksome consequence, such as loss of five minutes play.

The Assertive Discipline training has been the subject of a number of evaluations, including our own (Swinson & Melling, 1995). Our results showed that the training was very effective. After training, the teachers significantly increased their level of positive feedback given to pupils, admonishments declined and pupil behaviour in terms of 'on-task' behaviour improved. In over 12 hours of observation we observed very few disruptive incidents and as a consequence we only recorded two incidents where the names on the board technique was used.

In short Canter's programme worked because of its emphasis on persuading teachers to use more praise, especially praise directed towards behaviour. In our view the names on the board technique was irrelevant to the outcome and hence

there is little evidence that it is effective. My advice to teachers has always been, when faced with a difficult class or individual; make your expectations of the type of behaviour you would like very clear, when you see the children behaving in the way you want, praise them, when are behaving in a way you don't want, redirect them and praise them as soon as they conform. It's not rocket science and, what's more, it works, which is more than can be said for names on the board.

Dr Jeremy Swinson
Liverpool

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Be persistent on diversity

I have always been inquisitive about mental health and how it affects people. Add this to my passion to help others find solutions that meet their specific needs, and psychology was the outcome. Now that I've been to university and finished my psychology degree, I have taken the first step towards my goal of becoming a clinical psychologist. My degree was great at developing my skills of collecting, entering and managing data with SPSS. It was also great at providing me with knowledge about appropriate assessments, therapies and treatments and their applications to psychological disorders. However, what it failed to mention was how competitive it is to be a clinical psychologist. There is currently a 16 per cent success rate. This means approximately one in six people get on to training. They also failed to explain the gender and ethnicity dynamics of the clinical world. At present, the great majority of the UK clinical psychology workforces are women (Baker & Nash, 2013). The strong gender bias, with 80 per cent of psychology undergraduates being women, has been widely recognised for many years as a characteristic of the discipline (Turpin & Fensom, 2004). However, not only are clinical psychologists more likely to be female, but they are predominately white. While this is not a problem, it was presumed that a subject such as clinical psychology would have tended to become multicultural like its client base.

These gender and ethnicity dynamics are reflected in the applicants that are accepted on to the clinical psychology doctorate. This can be observed in the equal opportunities from the Clearing House for Postgraduate Courses in Clinical Psychology (2014). In the 2014 entry there were 3681 applicants, of which 578 were successful in getting on to training. Accepted candidates were 83 per cent female, whilst only 98 males nationwide received a place on training; and 91 per cent were white with 6 per cent from black minority ethnicity (BME) backgrounds.

I believe it is essential that a discipline such as psychology makes itself accessible and relevant to students across a range of cultures and ethnic backgrounds in order to achieve a more diverse professional base. It should also be appealing to both males and females. The discipline has to ensure that it is capable

of explaining human behaviour across a wide range of cultural groups other than the traditional white euro-centric approach with which it has been traditionally associated (Williams et al., 2006). From the perspective of psychology as an applied science, it is also essential that practitioners can relate to and are representative of the clients in receipt of the psychological services that they provide. This is particularly relevant to public service applications of psychology, especially in the delivery of psychology in healthcare and counselling settings. This is why programmes such as the BPS Division of Clinical Psychology's BME mentoring scheme are so important. It is a scheme that has been set up to introduce more people from BME backgrounds within the profession. The scheme demonstrates how we can actively attempt to make a change within clinical psychology.

What I want to say is that you should not be put off, whether you are male, female, white or from a BME community. If you are passionate and want to pursue a career in clinical psychology, there is absolutely nothing stopping you. Take these statistics as an opportunity to make a difference. Aim to provide input from a different cultural perspective in order to benefit the discipline in the long run. Be persistent and in time, clinical psychology will get to the place in which it should be; a discipline producing a culturally diverse workforce with equality in gender.

Ronald Dodzro

Wandsworth, London

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obituary

Professor Anthony (Tony) Sanford (1944–2015)

Professor Anthony (Tony) Sanford, who died on 4 December 2015, was a highly influential cognitive psychologist who explored the nature and limits of human understanding. In 1969 Tony completed his PhD under the supervision of Donald Broadbent at the APU in Cambridge. Following this, he moved to Dundee before arriving at Glasgow in 1974, where he spent the rest of his academic career. He became the youngest Professor in the Department of Psychology there in 1982.

Tony represented everything we all hope for in an academic leader and mentor. He thought deeply about fundamental aspects of this science, ensured his research addressed questions that he viewed as of central importance and interest, and drew inspiration from a wealth of personal and cultural experiences and sources.

Tony regularly reminded his collaborators that there was no point in designing an elegant experiment if the question itself was not one of fundamental interest. *Identify an interesting question, conduct the work to answer it and then convince the rest of the world why both the question and answer are important* was very much the way Tony encouraged others to engage in science. Reflecting on Tony's many papers and books, it is interesting to note how ahead of the field he often was, carving his own path and expecting that others would follow in his footsteps (and many have done just this). Much of Tony's research centred on issues in the area that we would now label as experimental pragmatics, but he was doing so at the earliest stages of the development of the field. He focused on the need for language researchers to take



account of context and to examine meaning that extended beyond the sentence, the role played by attention in language comprehension, and the importance of putting language in its literary and creative context. His *Understanding Written Language* book from 1981 co-authored by Simon Garrod has had a long-lasting influence on the field and is still being cited 35 years later. This was followed by several other highly influential books, including *The Mind of Man: Models of Human Understanding* in 1987, the edited volume *The Nature and Limits of Human Understanding*, which emerged in 2003, and *Mind, Brain and Narrative* in 2012.

Tony had many interests outside academia reflecting his extensive hinterland. He was a highly engaged and enthusiastic musician; he owned an extensive collection of records and was a fan of jazz, the guitar, and the contemporary classical music produced by ECM Records. Tony also had a passion for model railway building and constructed many buildings for his railway inspired by the architecture of the places he knew (*industrial archaeology* is how he described it). A common experience for any collaborator of Tony's was the hillwalking around Scotland, often alongside the discussion of research ideas, experimental issues, and the challenges involved in understanding human cognition. Hillwalking with Tony was a very similar experience to that of having an academic conversation with him. You would never quite know where you were starting from, you were not always sure where you were going, but you knew that at the end the view would be magnificent. Thanks for showing us the view, Tony.

Andrew Stewart
University of Manchester

obituary

Dr Gervase (Gerv) Leyden (1939–2015)



Gerv Leyden, who died on 7 October 2015, has left a huge gap in the lives of his family, friends and colleagues. From his early days as an educational psychologist (EP), he was recognised as a creative, thoughtful and conscientious practitioner, and he continued to exert a profound influence within and beyond the profession throughout his long career.

Gerv was born in inner-city Nottingham at the outset of World War Two into considerably straitened financial circumstances. This experience of material deprivation fuelled his lifelong concern for the marginalised and excluded and he remained their advocate right through until his final days.

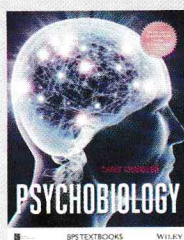
After gaining his psychology degree at Liverpool, Gerv subsequently taught in a secondary modern school in Nottingham, undertook his professional training as an educational psychologist at the University of Swansea, worked in teacher training at Edge Hill College and then as an educational psychologist in Kirkby in Lancashire.

From the beginning of his career, Gerv was publishing persuasive papers, challenging various established institutional practices that were not founded on, or had drifted away from, humanitarian principles. In these pursuits he was highly effective, winning hearts and minds with his beautifully crafted prose and his outstanding gifts as a speaker.

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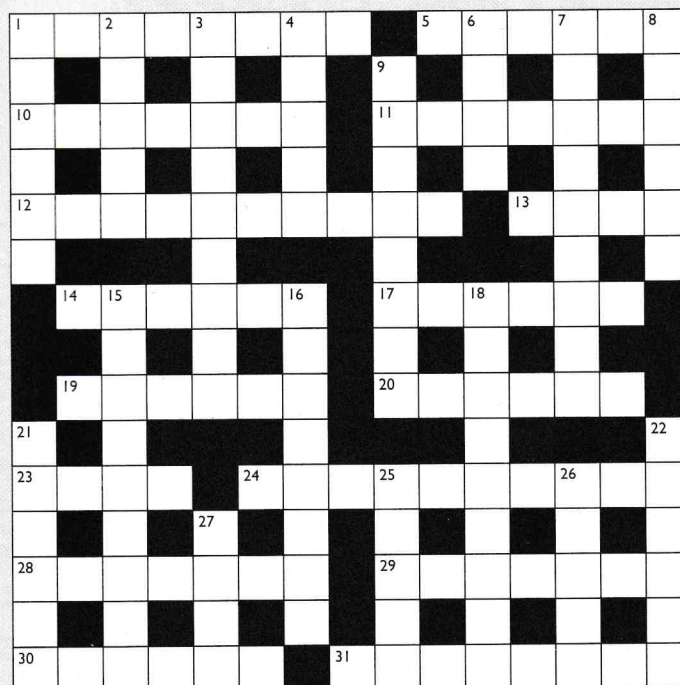
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After working as a Senior EP for Stockton-on-Tees, he returned to his native city in a similar capacity but with management responsibilities for a much larger team. Gerv was an obvious choice of contributor for Bill Gilham's landmark 1978 publication *Reconstructing Educational Psychology*. Gerv's concluding chapter provided a magisterial overview of both the need for change and the directions in which this should proceed.

After two years as an Associate Tutor to the educational psychology training course at Birmingham, Gerv returned in 1988 to a similar post at the University of Nottingham and the Nottinghamshire County Educational Psychology Service. With the retirement of Professor Elizabeth Newson in 1994, it was necessary to design a new initial training course, and I was privileged to collaborate with Gerv on this. In the early 1990s Gerv registered in the Nottingham Psychology Department to study for a master's degree in organisational health under Professor Tom Cox. Later he began to make worldwide links with leaders and others in the movement for inclusive education. With Jack Pierpoint and Marsha Forrest, the directors of the Centre for Integrated Education and Community, he organised and contributed to conferences and networking whilst, crucially, remaining an advocate for individuals. When the BPS came to consider its stance on inclusive education in 1999, Gerv was the obvious choice of convenor for its working group and in 2002 the BPS signed up to the Charter for Inclusive Education.

Gerv's wit and wisdom was honed through a lifetime of extensive reading both within, and way beyond, psychology. He was a special person whose kindness touched the lives of many.

Professor Andy Miller
Nottingham

obituary

Emeritus Professor Gerald A. Randell FBPsS (1930–2015)

Gerry Randell was an emeritus professor of the University of Bradford and a Chartered Psychologist whose outstanding professional contribution to the field of occupational psychology was as a practitioner and consultant. As a caring and inspirational teacher, research supervisor and consultant, he contributed considerably to the achievement of others – countless students as well as professionals, managers and directors in a wide range of organisations in the UK and beyond.

Gerry graduated with a BSc (Hons) in psychology with zoology and statistics from Nottingham and with an MSc in occupational psychology and a PhD in psychology from Birkbeck College, University of London. After an early career in industry and lecturing at Birkbeck, he joined the University of Bradford Management Centre (now the School of Management) in 1967, retiring as Professor of Organisational Behaviour in 1997 but continuing part-time work – including PhD supervision, serving as a university external examiner, public speaking and writing – almost up to his death.

Perhaps Gerry's most distinguished practical contribution in the field of occupational psychology was his pioneering work in 'open' appraisal of performance and the recognition and use of the behavioural micro-skills involved in this process. His 1972 book *Staff Appraisal* heralded a revolution in performance management and appraisal. And in his retirement he persevered with his vision that there should be agreement about how to investigate, diagnose and treat generic problems in organisations (such as high labour turnover and low morale) and that this should underpin the training of those offering advice. His co-authored book *Towards Organizational Fitness*, published in 2014 when he was already 84, has met with glowing reviews by academics and practitioners alike.

As Chairman of Council of the Independent Assessment & Research Centre in London, Gerry helped to establish and develop their highly respected services in assessment, career guidance and personal development. Gerry served with distinction in several professional roles in the BPS: as a member of Council, Chair of the Occupational Psychology Section and, more recently in semi-retirement, as a member of the panel of examiners for the Post-Graduate Certificate of Occupational Psychology. Other notable professional contributions include serving as an adviser to a variety of overseas universities and governments, as an assessor for the UK's Civil Service Selection Board, and as a conference president and editor for the International Association of Applied Psychology.

In 2010 Gerry was honoured by the BPS with not one but two Lifetime Achievement Awards: one for his contributions to occupational psychology and another, to his surprise, for his contributions to the practice of applied psychology generally. But what will be remembered most is the way he unambiguously, yet gently, helped people to see themselves as others saw them and to see how they could change their behaviour for the good of themselves, their colleagues and the organisations that employed them. Gerry helped people change their lives for the better.

Roger Gill

Durham University Business School

John Toplis

Former Chair of the BPS Occupational Psychology Section



across

- 1 River attempt is hard work (8)
- 5 Mother's suffering depression as shown by psychologist (6)
- 10 Put former student back with pill – that's not going to work (7)
- 11 Note spice mixture in cooking instructions (7)
- 12 Rock music? (6,4)
- 13 Attention-getting cry of cultural phenomenon? (4)
- 14 Train at fighting with volunteers from Greek city-state (6)
- 17 Disappear without current outward appearance (6)
- 19 Group intercourse at Asian celebration (6)
- 20 Make a quick return with laboratory vessel (6)
- 23 Ruse to get around one with a habit (4)
- 24 Outshine deliveries consumed – that hurts! (10)
- 28 English religious teaching in part of Rorschach test for flier (7)
- 29 Difficult time without hospital's consideration (7)
- 30 Give in about fast time (6)
- 31 Receive a degree with mark covering Tau's rejection (8)

down

- 1 Single member's bill to take effect (6)
- 2 Physician requires a degree for theatre work (5)
- 3 Suspect something that lets alarm go off (5,1,3)
- 4 What might need touching up in family origins (5)
- 6 A Catholic hospital's principal (4)
- 7 One can see what's being said (3-6)
- 8 Ring a household appliance (6)
- 9 Sticky move? (8)
- 15 Part male carried out a bit at a time (9)
- 16 Got last four in a large town occupation (8)
- 18 Become infected and run into difficulties (5,4)
- 21 Quantity of anaesthetic (6)
- 22 That woman will wrap Tyler in bandage (6)
- 25 Men climbing rocky hill with part of engine (5)
- 26 Follow mother's principle (5)
- 27 Put one's name to notice (4)



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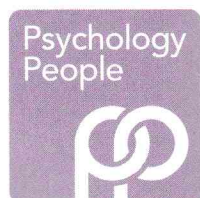
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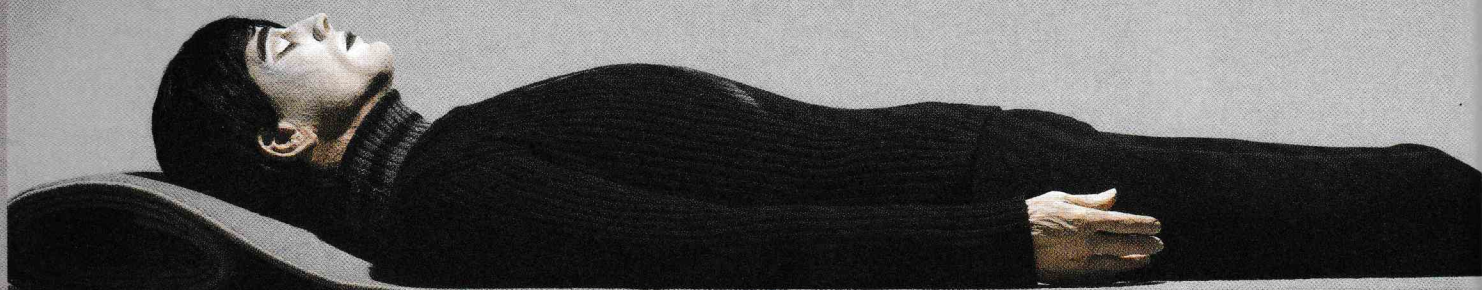
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The wonder and fragility of our internal lives

February saw the opening of the second part of a year-long exploration into human consciousness at the Wellcome Collection on Euston Road in London. 'States of Mind: Tracing the Edges of Consciousness' promises to examine 'the universal, yet mysterious, topic of conscious experience'.

The exhibition brings together artists, psychologists, philosophers and neuroscientists to investigate the terrain between consciousness and unconsciousness. It will feature historical material, objects, artworks and an evolving programme of contemporary art installations.

Following on from Ann Veronica Janssens' disorientating mist installation 'yellowbluepink' which probed the nature of individual perception, 'States of Mind' further questions the reliability of our inner world and subjective experience. The show explores phenomena such as synaesthesia, sleepwalking, memory loss and anaesthesia, and examines what happens when our conscious experience is undermined through dysfunctional experiences of perception or through loss of consciousness.

Curator Emily Sargent says: 'Consciousness is a fascinating subject, as magical as it is everyday. We all know what it is like to be conscious, but it remains a challenge to truly define it. This makes it rich territory both for artists and scientists alike. This exhibition examines a range of different experiences from the edges of consciousness revealing both the wonder and fragility of our internal lives. It looks at ways in which philosophy, art and folklore have established frameworks of understanding for phenomena like the nightmarish hallucinations of sleep paralysis; explores language and memory as ways of defining the self and discovers how neuroscience is pushing back the very definitions of what we understand consciousness to be in the study of patients previously thought beyond awareness. It also provides the opportunity to bring together a wonderful collection of objects, artworks and films to explore this broad, eclectic subject – at once both unique and universal.'

The first of four sections, 'SCIENCE | SOUL', takes as its starting point key moments in the historical emergence of the field of neuroscience. The pervasive idea of 'dualism', the

separation of mind and body first formally outlined by René Descartes in the 17th century, is illustrated by works such as 'The Soul hovering over the Body reluctantly parting with Life' by Luigi Schiavonetti, after William Blake. Philosophers and scientists have long tried to define how these two worlds interact and explain how an objective brain can produce the subjective experience of consciousness. The papers of Francis Crick show that he worked on this 'hard problem' until the day he died in 2004, and his notes are displayed alongside neuron drawings by Santiago Ramón y Cajal, arguably the founder of neuroscience. This section also explores synaesthesia, including author Vladimir Nabokov's experience of seeing letters as colours.

The spaces between sleep and wakefulness, as well as phenomena such as somnambulism, mesmerism and sleep paralysis, are explored in 'SLEEP | AWAKE'. This section includes archive material from the first trial where 'insanity of sleep' was successfully used as a defence, as well as footage from *The Cabinet of Dr Caligari*, a 1920 film about a man who is controlled while asleep. The experience of sleep paralysis, where sleepers are mentally awake but the body remains unable to move, is reflected in a preparatory drawing for Henry Fuseli's 1781 painting 'The Nightmare', a work that has formed the basis for many other depictions of this phenomenon, and Carla MacKinnon's immersive installation 'Squeezed by the Shadows' (see also <http://tinyurl.com/2611bigpic>).

The development of language in childhood is closely linked to the recognition of a sense of self. In 'LANGUAGE | MEMORY', artist Louise K. Wilson invites visitors to participate in her research into autobiographical memory, pieces from Alasdair Hopwood's False Memory Archive (see also <http://tinyurl.com/274bigpic>) question the reliability of recollections and Mary Kelly's Post-Partum Document is a series of drawings charting her changing relationship with her son as he begins to develop speech.

'BEING | NOT BEING' further explores what happens when consciousness is disordered, following injury or trauma. fMRI scans of patients in persistent vegetative, or minimally conscious, states have been shown to reveal imaginative



A feast of free psychology

This year's two-week Cambridge Science Festival will host a vast range of fascinating psychology and neuroscience events. The mainly free festival will feature a talk exploring the science behind out-of-body experiences, a play inspired by bipolar disorder, and much more.

The main vein running through the 2016 festival are events exploring our increasingly symbiotic relationship with technology and machines. On the first day of the festival, Monday 7 March a group of speakers from the fields of information technology and robotics – Dr Hermann Hauser, Dr Mateja Jamnik and Professor Alan Winfield – along with neuroscientist Professor Trevor Robbins will discuss the potential for supercomputers and machine learning to become superior to the human brain.

On Friday 11 March David Greenberg will discuss his work on what a person's musical taste can reveal about their personality – and how this can map on to five factors of personality and three different thinking styles. On the same day *Naked Scientists* presenter Ginny Smith will give an interactive talk entitled 'Your irrational brain: How we really make decisions'.

Greenberg is also presenting a fascinating live and interactive experiment, on Saturday 12 March, about how music influences experience of films. The audience will be filmed watching clips of films to see how music changes their interpretation of the clips.

Among the many talks taking place during the course of the festival, which runs until Sunday 20 March, are a host of drop-in psychology

events. Also on Saturday 12 March Anat Arzi, from the Cambridge Behavioural and Clinical Neuroscience Institute, will demonstrate olfaction experiments and the cognition behind it – and promises to bust some popular neuromyths along the way. Also between the start of the festival and Friday 11 March Dr Will Harrison will be demonstrating visual illusions to demonstrate 'how blind we really are'. Between 14 and 18 March the Department of Experimental Psychology consider what we think when we think of nothing.

A play inspired by 'mental imagery', emotion and the study and treatment of bipolar disorder, *Pictures of You*, will be discussed and parts of it showcased on Friday 18 March. It will include discussions around rumination and other thinking biases from clinical psychologist Caitlin Hitchcock, along with discussions about experiences of scientists collaborating with artists.

The following day Dr Jane Aspell, psychology lecturer at Anglia Ruskin University, will discuss the latest neuroscientific explanations of out-of-body experiences. She will explain why the science of this phenomenon can suggest theories of how brains create the everyday experience of inhabiting a body. In the evening Professor Viren Swami considers the science of how we form relationships. **ER**

I All of the events above, and most of the 300 taking place at the festival, are free to attend, though some require booking time slots online; for full event listings and booking information see www.sciencefestival.cam.ac.uk/events and for a list of psychology events see tinyurl.com/gstpbfp

activity, and this section explores the implications and ethical debates surrounding the care, rehabilitation and end-of-life wishes of these individuals. This section also looks at anaesthesia, a state of reversible coma and the closest we get to brain stem death, with a film by Aya Ben Ron, *Still Under Treatment* (2005), showing the moments in which patients fall unconscious under general anaesthetic.

A changing programme of installations (<http://wellcomecollection.org/visit-us/states-mind-installations>) linked to language and memory begins with *A Whisper Heard* – artist Imogen Stidworthy contrasts the language acquisition of a young child with that of a stroke patient with aphasia, using their responses to a passage from *Journey to the Centre of the Earth* to explore concepts of language, meaning and identity. *H.M.*, beginning on 26 April, is a film by Kerry Tribe previously shown at MOMA, which uses two synchronised reels of footage with a 20-second delay between them to reflect the experience of Henry Gustav Molaison, better known as 'Patient H.M.' (<http://tinyurl.com/psychhm>), whose case radically advanced our understanding of memory. Finally, Shona Illingworth explores the impact of amnesia and the erasure of individual and cultural memory with work from her *Lesions in the Landscape* project (<http://tinyurl.com/28julll>) which examines personal experience of memory loss in one woman alongside the sudden evacuation of the island of St Kilda in the 1930s.

James Peto, Head of Public Programmes at Wellcome Collection, concludes: 'Rather than seeking to define the slippery subject of consciousness, "States of Mind" looks at the intriguing areas around its edges... The exhibition will run for a whole year, so that a changing programme of installations and exhibits can encourage reflection on the different perspectives scientists, philosophers and artists have brought to the difficult question of what it means to be "conscious"; how does each of us perceive and relate to our surroundings and to ourselves?' **JS**

I *States of Mind: Tracing the Edges of Consciousness* runs from 4 February to 16 October 2016 (see tinyurl.com/wcstatesofm)

5 minutes with...

Dr Emily Glorney

Dr Emily Glorney (Royal Holloway, University of London), a member of the British Psychological Society Division of Forensic Psychology (DFP) committee, was one of two psychologists involved as a Society representative during consultation on the Law Commission report on fitness to plead tests. Currently two doctors, including a psychiatrist, advise judges on a defendant's readiness to stand trial. The Commission recommended that psychologists be involved in wider tests to assess defendants' mental fitness when facing criminal charges.

The independent body, which reviews laws in England and Wales, said existing rules to decide whether or not a defendant was mentally fit were 'out of date, misunderstood and inconsistently applied'. Glorney, who represented the BPS alongside Chartered Psychologist Dr Ian Gargan, spoke to us about their involvement and the potential future of these tests.

Where did your interest in forensic psychology come from?

My interest in forensic psychology began about 20 years ago when, as part of my undergraduate degree programme, I took on a clinical research placement concerned with the needs of people with severe and enduring mental illness who were in touch with community mental health teams. I became interested in the participants' experiences of mental illness and, for some, the relationship between these experiences and their violent behaviour.

After learning more about the relationship between mental disorder and offending behaviour through MSc Forensic Psychology study, I embarked on research and practice focused on forensic mental health. My interest in the Law Commission consultation on unfitness to plead seemed to be a natural extension of these interests - thinking about how courts might facilitate improved psychosocial functioning to support a fair trial.

Can you tell me about your involvement with the Law Commission report?

One aspect of the DFP committee's strategy is to promote the value of psychology to the legal and criminal justice system. The Law Commission's consultation process explored reform of the legal test and the procedure for

assessment of unfitness to plead. These issues were discussed in detail at a multidisciplinary symposium in June 2014, attended by law professionals, psychiatrists, psychologists, nurses and representatives from government and third sector organisations.

The law professionals debated the legal test, then there was interdisciplinary discussion of the screening and assessment of a defendant and also the legal procedure for unfit accused. I made representations to these last two domains. Firstly, that for defendants who are fit to plead yet have difficulty engaging with the trial process there should be a statutory entitlement to support of a Registered Intermediary, in line with an assessment focus on functional capacity for trial proceedings and the context of the individual in the court proceedings. The aim of such provision would be to support the cognitive and psychosocial functioning of a defendant through the trial proceedings, in order to facilitate a fair trial. Secondly, I represented that psychologists, considered by the court to be adequately qualified and with sufficient experience, may provide testimony regarding assessment and fitness to plead.

Why should psychologists be involved when assessing fitness to plead?

It is clear that psychology has grown and become more prominent in the legal and criminal justice process since the introduction of the Criminal Procedure (Insanity) Act in 1964. In practice, psychologists already complete assessments of cognitive and social functioning in order to advise courts as to a defendant's level of functioning against the criteria set for assessment of fitness to plead.

However, legally, this report could not stand alone as an opinion on fitness to plead; the view of the psychologist might be incorporated into a report by a medical doctor as per the evidential requirement. Not only is this a potentially inefficient way



of managing trial proceedings, but the evidential requirement does not give due credibility to the professional opinion of the psychologist. Psychologists are trained and skilled in trying to make sense of the complex interplay between person and environment, in addition to theory and good practice in assessment of complex constructs such as psychological functioning. I think it makes good sense for the evidential requirement to be relaxed so that psychologists considered by the court to be adequately qualified and with sufficient experience may provide testimony regarding assessment and fitness to plead.

What are the next steps?

We're really pleased that the Law Commission has made a key recommendation for legal reform, the relaxing of the evidential requirement. If the recommendations are accepted then this means that one of the two required experts to advise the court as to a defendant's fitness to plead could be a registered psychologist. This offers professional recognition of and due credit to the expert advice that psychologists, of whichever 'Division' or specialisation, provide to criminal courts. This might seem like a small victory for psychology, but big gains can come from little steps.

Don't stop at the headline!

Two psychologists who have been introducing children across Scotland to how academic research translates into the media have announced the winners of a new competition based on their work. The founder of blog Research the Headlines, Sinead Rhodes, and colleague Alan Gow (Heriot-Watt University) spoke to *The Psychologist* about their fascinating work improving the critical thinking of the next generation.

Dr Rhodes, a press officer for the British Psychological Society until last year and senior lecturer (University of Strathclyde), was inspired to launch the Research the Headlines (<http://researchtheheadlines.org>) blog in 2013 after encountering a similar NHS website. The blog provides discussions around the way in which research is portrayed in the media and encourages people to better understand how research findings may be represented or highlights research that did not receive the coverage it may have deserved.

More recently the group launched a series of workshops as part of their Rewrite the Headlines competition, with an aim to teach primary-age children about research appearing in the media. Rhodes said: 'We felt that reaching children from the youngest age they encounter research evidence in the media was important, and when I piloted workshops in schools and with teachers it became clear that children as young as age nine or ten are very aware of research evidence presented in the media. Rewrite the Headlines is needed in schools because it can help equip children with basic skills about how to evaluate this research evidence that will impact their lives.'

The resulting workshops, run by Research the Headlines contributors, Rhodes' and Gow's colleagues from the Young Academy of Scotland, and PhD students and postdocs, have so far engaged over 2000 pupils and their teachers. Rhodes said: 'The workshop specifically looks at exaggeration and selectivity in headlines, and stresses the importance of gathering fuller information before drawing conclusions.'

Thanks to funding from the British

Academy, Rhodes and Gow and their colleagues were able to launch the competition aimed at school children in primary years 5 to 7 (ranging in age from about nine to twelve years old) who had taken part in the workshop and undergraduate university students from across Scotland. The younger children were tasked with finding their own example of research in the media, while the undergraduate students had to compare a media report of some recent research in their area with the original published work, highlighting the good and the bad and trying to locate where any inaccuracies might have appeared.

The winning primary school class was from St Roch's Primary and Hearing Impaired School in Glasgow, who turned the recent headline 'Processed meats do cause cancer – WHO' into 'Eating processed meat slightly increases risk of cancer'. Abby Wrathall won the undergraduate prize with her blog entry entitled 'So, should you wait until Monday to take your child to hospital?'. The University of Edinburgh student explored recent media coverage about whether weekend versus weekday hospital admissions might be associated with poorer outcomes.



Gow, Co-Chair of Research the Headlines, explained why this particular type of public engagement in science and research was particularly important: 'Critical engagement with the media, research and the evidence generated from it is a centrally important skill. Training in this should come as early as possible, and be reinforced throughout the education process, beginning in the primary school years and continuing throughout further and higher education.' ER



CHECK THE GOVERNMENT'S EVIDENCE

The House of Commons Science and Technology Committee has launched a new 'evidence check' online forum to look at the evidence on which the government bases its science policies. The aim is to give experts and members of the public chance to scrutinise the facts behind these policies and offer up comments, views and criticisms.

The forum's launch saw four evidence papers published online and more will be added in the coming months. The first policies released for scrutiny included evidence behind government policy on smart meters, digital government, access to healthcare, and flexible working.

Views on these papers can be posted on the forum (link below); a Committee statement said it was inviting views particularly on the strength of the evidence and how well the government's approach to policies reflects the evidence. It suggested comments would help with future work of the Science and Technology Committee by identifying areas for scrutiny hearings or for launching inquiries.

Nicola Blackwood MP, Chair of the Committee said: 'We have asked the government to set out the evidence underpinning a number of policy areas and are putting it online for everyone to analyse, scrutinise and comment on. I hope that these evidence checks will prove a valuable way to examine how the government uses evidence to make policy and I would encourage everyone – whether experts in the fields or not – to send us their thoughts and insights.'

For the Evidence Check Forum page see tinyurl.com/hn4k8r2

Briefing parliamentarians

A psychology PhD student with a passion for influencing policy with her work has written a Parliamentary Office for Science and Technology (POST) briefing note about policing domestic abuse. Genevieve Waterhouse (London South Bank University), whose PhD concerns the forensic interviewing of children, secured a POST Postgraduate Award from the British Psychological Society to compile literature and interviews for the research briefing, which will be used by MPs and peers.

In her note Waterhouse gave a background of laws and statistics surrounding domestic abuse, including the recent introduction of the coercive control offence – which has made repeated controlling or coercive behaviour against the law. Waterhouse also looked at the literature, conducted more than 20 interviews with experts in the field, and examined evidence on the different policing approaches to domestic abuse.

Waterhouse said she was keen to apply for the award as she went into the field of psychology with the hope her work could directly help people and influence policy. She said: 'I thought it was an amazing opportunity to see how the research we're doing could be put into practice. I didn't want to do a PhD unless I could see it had some practical benefit, and I know for my work to have influence it will need to feed into policy.'

During her three-month secondment to POST Waterhouse said it was exciting to see science feeding into the government's



Genevieve Waterhouse

work. She told *The Psychologist* about the work behind compiling her note: 'The first thing I needed to do was increase my knowledge around the subject area, in quite a short amount of time! I read up on policy, research and reports from charities. I identified some key people in the area, including academics and experts from the College of Policing.'

Waterhouse then compiled her four-page document which was extensively reviewed and eventually published. She said the experience had been 'amazing' and added: 'Two of the most important things I've taken away from the experience were how to provide a lot of detail and

information in a short document and aimed at people who might not have any psychology background. Also learning how research can be put into practice and what kinds of research are most helpful in making those political decisions.' **ER**

I The BPS POST Postgraduate Award re-opens for entries at the start of June with a closing date of 31 August. The award is open to all postgraduate students registered for a higher degree by research by PhD or MPhil and who are in their second or third year of study, or part-time equivalent, at the time of application. See tinyurl.com/87s9f2v for information on how to apply. You can read Waterhouse's full POSTnote at tinyurl.com/zjwdbjl.

CANparent research results

A three-year trial of government-proposed parenting classes, led by Professor Geoff Lindsay, has revealed there is a demand from mums and dads for such classes, but the provision of adequate funding is crucial. Lindsay and his colleagues at the University of Warwick found the sessions held were popular with parents, but when funding available to the providers was withdrawn there was a sharp decrease in activities and parents' participation.

The CANparent trial aimed to evaluate parenting classes for parents of all children aged from 0 to five years old (later changed to six years old) in three areas: Middlesbrough, High Peak in Derbyshire and Camden in London. The sessions were offered to all parents and were designed to enhance parenting skills and confidence as a parent, stimulate a commercial market for the classes and prevent the need for future support for those who were struggling.

Held in two phases (2012–14 and 2014–2015) a key factor during phase 1 was the provision of a £100 voucher for each eligible parent to attend classes. In the second phase these vouchers were withdrawn, and in addition the number of class providers halved to just six, of

which only four were active in delivering parenting classes. As a result, the number of parents enrolling in phase 2 was just 164, compared with 2956 in phase 1.

Lindsay, director of the Centre for Educational Development, Appraisal and Research spoke to *The Psychologist* about the trial. 'It's of interest and importance that recruitment was from across the whole social spectrum – what characterised the parents was a tendency to have higher levels of parenting stress,' he said. Since the trial ended David Cameron has expressed his support for these classes, and Lindsay added: 'There have subsequently been discussions at the government level with representatives from various organisations to follow up his statement – we await the outcome. It is also important to be aware that there are many providers of parenting classes that were not in the trial. As a separate initiative during phase 1 of the trial a CANparent quality mark was introduced to enable providers to submit the classes they offered for scrutiny, and if successful, gain the award of the quality mark.'

The final report of the evaluation recommends that the government at national and local levels should recognise

the value of parenting classes, as they were found to have a positive impact on parents throughout the trial. It also recommends local government and the local NHS should be open to working with providers to offer support to service users. Finally, future trials should analyse how and when to move from a subsidised phase, such as the use of vouchers, and what support may need to be in place.

Lindsay said some of the issues seen during the trials were a result not of reduced parent interest, but of supply of classes towards the end – models of financial support, viable for the government and acceptable to the parents, will be key. In a survey of parents in the community who had not attended a class, Lindsay's team found that half would not be prepared to pay and only a quarter would put a reasonable contribution towards a class. 'Also, the main factor associated with willingness to pay was the level of family income,' Lindsay said. 'This indicates the need to build up parents' awareness of the classes and their potential benefits, and financial support for those unable to pay.' **ER**

I For further information and reports, see <http://tinyurl.com/canparent>

School counselling on trial

The benefits of professional school-based counsellors in supporting young people experiencing emotional problems will be evaluated through an extensive three-year study, which will establish a dedicated counselling service in 18 English secondary schools. The randomised controlled trial, due to start in April 2016, has received £835,000 funding from the Economic and Social Research Council and will be led by Chartered Psychologist Professor Mick Cooper from the University of Roehampton in London.

In March last year the government announced a 'strong expectation that over time all schools should make counselling services available

to their pupils'. Around 60–85 per cent of English secondary schools currently have some form of counselling service, although Professor Cooper says that practices may vary considerably. Academic research into the benefit and cost-effectiveness of school counselling, as delivered in the UK, also remains limited.

The Roehampton-led study will see free counselling services established in schools, staffed by qualified counsellors. School staff will help to identify pupils who are experiencing emotional distress and want to take part in the research. From this group, half of the pupils will receive up to 10 weeks of humanistic counselling, and half will receive the school's

existing support provision. By comparing improvement between these two groups, the study will test whether a dedicated service can help to reduce pupils' emotional distress and improve educational outcomes. The study will also involve a series of qualitative interviews with service users, their parents/carers and teachers, to examine helpful and unhelpful aspects of school-based humanistic counselling and the process of change.

Participating schools will receive a professional service provided by fully qualified and experienced school counsellors at no cost for two years (schools who are interested should contact peter.pearce@metanoia.ac.uk).

Professor Cooper told us: 'It is important that whatever mental health interventions are offered to young people in schools are based on sound empirical evidence. To date, pilot studies suggest that school-based humanistic counselling can bring about significant reductions in psychological distress. It also suggests that emotionally distressed young people value an opportunity to talk and be listened to in a confidential environment, and with a counsellor who is trustworthy, friendly and easy to relate to. This trial offers us an opportunity to examine effectiveness in depth, and to develop a greater understanding of any potential mechanisms of change.' JS

Art and science in 'The Waiting Room'

Six psychologists from the University of Bath, whose research primarily looks into stress and pain, have collaborated on creating an art exhibition in Bath featuring works based around themes in their research. The January exhibition had an overarching theme of a waiting room and also featured hands-on demonstrations of some of the measures the psychologists use.

Hannah Family, who works as a health psychologist within the university's Department of Pharmacy and Pharmacology, led the team of psychologists in their collaboration with artists Katie O'Brien and Annabelle Barton, who curated the exhibition at the 44AD gallery. She said: 'I spoke to Annabelle and Katie about our research, and from this they identified several themes that linked our research together: distraction, attention span, overload, routine. The associate artists who work with the 44AD gallery were then invited by Katie and Annabelle to submit pieces of work for this exhibition, and we had an overwhelming response – with 31 pieces of work, including performance art pieces.'

Alongside the artworks Family and her colleagues, Dr Julie Turner-Cobb, Dr Ed Keogh, Dr Abby Tabor, Dr Chris Eccleston and Dr Rachel Arnold, also demonstrated some of their own work. 'The Waiting Room' exhibition included a video recreation of the original person swap and invisible gorilla experiments to show how visual attention can be fooled – which relates to Family's work as she has looked into workload, stress and how this related to errors made by pharmacists in their work.

They also included pulse-oximeters around the exhibition and invited people to measure their heart rate as they carried out activities including a wire-buzzer game. Family added: 'We wanted the exhibition to be a space where artists and the researchers could meet with the public and talk about the interpretations and context of our research. For the researchers this was a great opportunity to meet with and speak to several people who have taken part in our research, and share the findings of our research with the local community in an accessible and interactive format.'

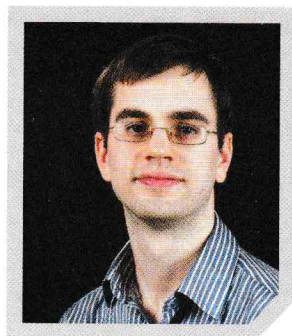
Family said such collaborations with artists work particularly well for psychological research and felt artists and psychologists were very like-minded, she added: 'We are all ultimately interested in human experience. Artists are able to offer a new lens or viewpoint on our research and they are exceptionally skilled in interpreting and representing culture, meaning, sense-making, experience of a mood, sensation or memory – it is like working with a team of highly skilled qualitative researchers.' ER



Exploring the many faces of dementia

A free online course to educate people about the different forms of dementia is being launched this month. Dr Tim Shakespeare, a postdoctoral researcher at the UCL Dementia Research Centre, has developed the course that is one of the first MOOCs (massive online open courses) to be provided by the university.

Four lesser-known forms of dementia will be discussed over the four-week course – familial Alzheimer's disease, frontotemporal dementia, dementia with Lewy bodies, and posterior cortical atrophy. Each week will explore current research being carried out in the area, for example Professor Sebastian Crutch (UCL) describes in one session a study using virtual reality to detect subtle changes in social behaviour.



Tim Shakespeare

Shakespeare said he was motivated to create the online course, hosted on FutureLearn, after speaking to those in the support groups hosted at UCL. He told *The Psychologist*: 'People in these groups often describe how they wish people in all kinds of services, and the public, had a better understanding of the symptoms and challenges that they experience; but too often people don't recognise the younger onset and less common forms of dementia and aren't able to understand the challenges or meet their needs.'

The course, which starts on Monday 14 March, will include video interviews, articles, discussions and multiple-choice questions. Shakespeare said the course had taken around nine months to produce

after receiving funding from UCL, he said: 'Most of the work has been in planning and carrying out interviews, which include 16 experts by experience and 15 scientists and clinicians in total. We hope the course will give an insight not just into the clinical and scientific aspects of dementia but also the personal aspects and what it means to those individuals who are affected.'

The Many Faces of Dementia course has been designed to be suitable for anyone with an interest in dementia, and it can be followed flexibly, with about two hours of learning material each week. Shakespeare said: 'I hope the course proves to be a good way of sharing knowledge more widely – public engagement is increasingly a priority. At their best online courses allow high-quality learning to be shared amongst a virtually unlimited number of people, and even the social aspect of learning can be maintained through use of comment boards on each step of the course.' **ER**
To sign up, see tinyurl.com/jh4q6sh

New research programme in communication

A major new €3.5million research initiative led by psychologists at the University of East Anglia (UEA) will aim to improve understanding of a fundamental part of communication in humans.

Over four years, 13 different projects will explore deictic communication, which forms the crucial connection between language and objects and locations in the world. It allows speakers to direct attention to particular parts of the spatial world, for example 'this mobile phone' or 'that set of keys'. Deictic communication is critical to understanding human-to-human interaction, and human-to-system interaction in a range of technology applications – from mobile

phones to intelligent robots. It also has the potential to enhance clinical and educational interventions, for example for stroke patients and those with autism spectrum disorder.

The programme, called DComm, will see UEA work with 11 European partner organisations, including Plymouth University in the UK, the Norwegian University of Science and Technology, industry experts and organisations specialising in software and technology development, architecture and brain rehabilitation.

Professor Kenny Coventry, head of the School of Psychology at UEA and DComm coordinator, said:



'Communication involves a combination of language and gestures that act together. Deictic communication is critical to understanding not only how communication develops typically in a range of spoken and signed languages, but also when communication can potentially break down in

a range of clinical and atypically developing populations. DComm will train researchers in both the basic science of deictic communication and in application, with a broad range of potential beneficiaries in both the private and public sectors.' **JS**

Revised HCPC standards

The Health and Care Professions Council (HCPC) has published revised standards of conduct, performance and ethics. These are standards for the 16 professions the HCPC regulates, including psychologists. The revisions include: a standard about reporting and escalating concerns about the safety and wellbeing of service users (Standard 7); a standard about being open and honest when things go wrong (Standard 8), including considering making an apology and making sure that the service user receives an explanation of what happened; and changes to the structure of the standards to improve their accessibility.

Elaine Buckley, Council Chair of the HCPC, said: 'We

have produced revised standards of conduct, performance and ethics to ensure that they continue to be fit for purpose and up to date. We developed the revised standards through a broad range of activities with employers, partners, registrants and service users and carers, along with the formation of a Professional Liaison Group and a public consultation.'

I To download the revised Standards of conduct, performance and ethics visit <http://tinyurl.com/hcpcstan>; and for a view from Council Chair Elaine Buckley on the process and the importance of the standards, see <http://hcpc-uk.blogspot.co.uk/2016/01/scpe-and-me.html>



OPEN RESEARCH TO CONTINUE IN LIBRARIES

The Access to Research initiative, which gives users in public libraries free access to over 10 million academic articles, has been given the green light by publishers and librarians to continue. The service was originally launched as a pilot by the Universities and Science Minister in 2014, since then 80 per cent of UK local authorities, encompassing more than 2600 public libraries, have signed up.

Since the launch, more than 84,000 users have accessed the service. An independent report, commissioned by the Publishers Licensing Society and the Society of Chief Librarians and co-funded by PLS and Arts Council England, found that 90 per cent of those surveyed said the information they found through the service was useful.

Access to Research has been made possible by a consortium of academic publishers, including Wiley, Springer, SAGE and Elsevier.



BANDURA AWARDED HIGHEST US SCIENCE HONOUR

Albert Bandura, the famous social psychologist behind the bobo doll experiments of the 1960s, has been awarded the National Medal of Science by US President Barack Obama. He is the only social scientist to be given the award this year along with eight others from the fields of biology, ecology and nanomaterials.

The annual prize, presented alongside the National Medal of Technology and Innovation, honours scientists, engineers and mathematicians who have made outstanding contributions to their fields. Bandura, a professor emeritus of Stanford University, is world-renowned for his groundbreaking work in social cognitive theory and self-efficacy.

His work has shown self-efficacy affects the tasks a person chooses, how much effort someone puts into them and how one feels while doing them. He also found, famously in experiments using a bobo doll, that people learn by modelling, or observing others, an idea that led to the development of modern social cognitive theory.

The 90-year-old said in a press release: 'After realizing that the call was not a prank staged by my colleagues, this stellar honor still feels surreal to me. The science medal also recognizes the far-reaching contributions of the discipline of psychology to human enlightenment and human betterment.' Bandura, who was born in Alberta, has also recently been honoured with an appointment to the Order of Canada. ER

I See tinyurl.com/juav9pp for a speech given by Bandura on how he has used psychosocial approaches in tackling urgent global problems

People who have experienced more adversity show more compassion

In parallel with the difficulties caused by trauma, such as depression and ill health, some people experience positive psychological changes, such as a renewed appreciation for life and increased resilience – a phenomenon psychologists term 'post-traumatic growth'. According to a new study in the journal *Emotion*, we can add another positive outcome related to adversity – compassion. The more adversity in life a person has experienced, the more compassion they tend to feel and show towards others.

Daniel Lim and David DeSteno at Northeastern University first surveyed 224 people via Amazon's Mechanical Turk website: just over 60 per cent were female, and their ages ranged from 22 to 74. The participants answered questions about the adversity they had experienced in life, including injuries, bereavements, disasters and relationship breakdowns. They also completed measures of their empathy and compassion, and the survey ended with a chance to donate some of their participation fee to charity. The more adversity participants had experienced (the nature of the adversity didn't matter), the more empathy they said they had, and in turn, this greater empathy was associated with more self-reported compassion, and more actual

generosity, as revealed by the amounts the participants chose to donate to charity.

To test this adversity-compassion link further, the researchers conducted an experiment: they first tricked 51 students into thinking they were taking part in an emotion recognition study. While in the lab, they saw another student participant – actually an actor – taking part in a really boring task, even though he'd told the researcher he was feeling ill and had a doctor's appointment to get to. The participants had the chance to help complete the boring task the ill student was working on – whether they chose to help, and how much they helped, was used as a measure of their compassion. The next day, the participants answered questions about the adversity they'd experienced in life, as well as their empathy and compassion. Again, students who'd lived through more adversity reported having greater empathy, and in turn this was related to higher self-ratings of compassion, and crucially, it was also related to actually showing more compassionate behaviour towards the ill student.

The researchers caution that they've only shown that experiencing past adversity correlates with, rather than causes, greater compassion. And they acknowledge that of course everyone responds differently to adversity, and that people's psychological responses evolve over different time frames. However, they say their results do support the notion that 'adversity, on average, likely fosters compassion and subsequent prosociality'. They also see sound theoretical reasons why this might be the case – compassion can be seen as a 'forward-looking coping response' that helps to strengthen social ties, to the benefit of the compassionate person and those whom they help. The new findings also chime with other related research: for example, a 2011 study found that people who have suffered more themselves show greater altruism and sympathy for disaster victims. CJ

The police believe a lot of psychology myths related to their work

In Journal of Police and Criminal Psychology

Despite recent improvements to their training, a new study suggests the police are as susceptible as the general public to holding false beliefs about psychology that applies to their work. The research, conducted in the UK, also showed that police officers have more confidence than the public in their false beliefs.

Chloe Chaplin, a programme facilitator at the London Probation Trust, and Julia Shaw, senior lecturer at South Bank University, recruited 44 UK police and other law enforcement officers and 56 participants with jobs unrelated to law enforcement, who were recruited via posters and social media, mostly from outside a university setting.

Participants were quizzed on a number of topics: police procedures and interrogations, for instance whether they agreed wrongly that 'People only confess when they have actually committed the crime they are being charged with'; courts – measured by gauging mistaken agreement with statements like 'Eye-witnesses are always the most reliable source of case-

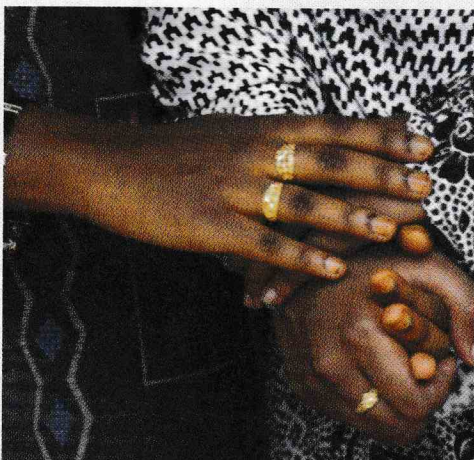
Students who believe they have more 'free will' do better academically

In Personality and Individual Differences

Psychologists are coming to realise that it's not just people's abilities that are important in life but their beliefs about their abilities. Much of this research has focused on whether people think traits like intelligence and self-control are fixed or malleable, with those individuals who endorse the idea of malleability tending to fare better at mental tasks and even at life in general, at least as measured by their feelings of wellbeing.

Now a study in *Personality and Individual Differences* has added to this picture by showing that students who believe they have 'free will' in the philosophical sense (they agree with statements like 'I have free will' and 'I am in charge of my actions even when my life's circumstances are difficult') tend to do better academically. The result suggests that it's not just people's beliefs about the nature of ability that influences their scholarly performance, but also their more fundamental beliefs about the limits of human choice and volition.

As an initial test of their ideas, Gilad Feldman and his colleagues began by asking 116 undergraduates (a mix of Hong



In Emotion



related information'; their beliefs about the effects of toughness on crime – 'Capital punishment is an effective way to deter criminal activity'; their beliefs about mental illness – 'Most mentally ill individuals are violent'; and beliefs about memory and cognition, in this case measured through their agreement with items like 'If you are the victim of a violent crime, your memory for the perpetrator's face will be perfect.' All of the above items, plus several others used

in the research, are unsupported by research evidence, and were sprinkled in among true statements.

Training of UK police is in many areas strongly evidence-based, yet the police group were as likely to endorse the psychological misconceptions as the lay participants, having faith on average in 18 of the 50 false statements (vs. 19 among the public). A breakdown showed better performance only in one area, the courts

subscale; in others, even those such as interview techniques, where UK police receive standardised, evidence-based training, the police performed as poorly as the public. On top of this, the police showed greater confidence than the public that their false beliefs were correct. Expertise can breed overconfidence, with possibly severe consequences when the stakes are so high: the mentally ill and younger suspects are at particular risk of making false confessions, for example.

The research suggests that policing continues to be a worrying example of where there is a 'science-practitioner gap' (i.e. modern research findings are failing to filter through to those working on the ground) – a problem that is familiar to psychologists from other occupational areas such as therapy and human resources. Chaplin and Shaw recommend more police training, but they emphasise such training needs to take account of real-life contexts to be convincing, and it needs to be persuasive enough to displace existing beliefs. **AF**



semester, the students who had previously reported stronger beliefs in their free will tended to have scored a higher grade in their studies, and they received better performance appraisals from their tutors.

This free will/performance association was stronger than the links between trait self-control and academic performance, and between belief in people's malleability and academic performance. Moreover, the association between belief in free will and academic performance held even when accounting statistically for the influence of these other factors (it also held across age, gender and cultural grouping). However, belief in free will and trait self-control did interact – the very highest academic performers were those students who endorsed the idea of free will and who said they had a lot of self-control.

These findings add to past research that has shown the consequences of belief in free will, such as that people who believe more strongly in their own free will are better able to learn from their mistakes.

Feldman and his team said: 'Increasing evidence suggests that the belief in free will is more than an implicit, abstract, or philosophical belief and that it holds important implications for both cognition and behaviour.' There is intuitive sense in this idea – one can imagine that a student who believes more strongly in their own free will will take proactive steps to deal with academic challenges, rather than submitting passively to failure.

Findings like these, if they can be replicated and established as robust, are exciting because in theory it should be easier to influence people's belief in free will (and other ability-related beliefs) in ways that contribute to better academic performance, as compared with trying to shift their IQ, say, or boost their self-discipline. Taking a more sceptical approach, bear in mind that this was a cross-sectional study, so the causal effect of free will beliefs has not been established. It's possible that more intelligent, capable and otherwise advantaged students are simply more likely to believe in their own free will. **CJ**

Kong Chinese, Chinese and international students) to rate how much free will they have on a sliding scale from 0 to 100 and then to complete a proof-reading challenge. The students who said they had more free will did better at spotting mistakes in the text, finding more of them in less time.

Next, the researchers asked 614 more students (again a mix of Hong Kong, Chinese and international) to answer questions at the start of their university semester about their free will beliefs, their self-control, and whether people's traits are fixed or malleable. At the end of the

What's it like to be an autistic person at work?

In *Journal of Applied Psychology*

Better detection rates for autism spectrum disorder (ASD) mean the chances of having a colleague with the diagnosis, or being diagnosed yourself, have never been so high. But what's it like to be 'working while ASD'? A new paper published in the *Journal of Applied Psychology* suggests the age when a person is diagnosed is key. Those diagnosed later in life are less likely to fully identify with the label of autism and with the ASD community more broadly, shaping their attitudes and feelings about how they are treated in the workplace.

Tiffany Johnson and Aparna Joshi of Pennsylvania State University interviewed 30 adults diagnosed with ASD about their experiences at work, and then they surveyed a much larger group of people with ASD about the issues that came up. The survey

canvassed 210 working people on the spectrum, mostly in their twenties and thirties and two thirds men, contacted through an autism network – they worked in a variety of industries, including education, service and finance. Controlling for the influence of other factors, such as current age, gender and severity of diagnosis, the data repeatedly showed that age at diagnosis mattered.

Take social interaction – the survey data showed that participants working in jobs with higher social demands varied in how they felt about this, with later-diagnosed people feeling less discriminated against and more capable in these jobs than their early-diagnosed counterparts. This late-diagnosed group were more content in roles that resembled what neurotypical peers or role models would take on – the population they worked around and may have considered themselves a group member of for at least some of their working careers. This didn't mean that social interaction was without issues, but this was in the details of the work – one interviewee noted 'I mean I want to be social but I don't want to get overwhelmed with crowds' – rather than whether to consider it at all. In contrast, the earlier a person's diagnosis, the more likely that they entered the workplace with a firm idea of having ASD, and resembling other people with ASD, including in terms of their suitability for certain activities.

In a similar fashion, the survey showed that early-diagnosed participants were more comfortable in jobs with more organisational support for ASD, but those with a late diagnosis actually preferred less support – that kind of attention and differentiation simply wasn't attractive to them. Age of diagnosis also influenced disclosing experiences. The survey suggested that the early diagnosed tended to feel somewhat more anxious after disclosing their condition to colleagues, but less discriminated against and more self-esteem, whereas their late-diagnosed counterparts felt more discriminated against and reported lower self-esteem post-disclosure. Again, this is likely to reflect the more superficial identification towards the ASD label held by later-diagnosed individuals: as one interviewee noted as a reason for their non-disclosure, 'I'd much rather [have introvert] as sort of a label' than to introduce the notion of a developmental diagnosis.

Research into stigma and identity management at work has given little attention to developmental disabilities; but as this research shows, navigating work with a diagnosis such as ASD is complex, and the considerations for providing a good work environment for these people far from uniform. Bear in mind that participants' severity of diagnosis was also associated with their sense of discrimination and self-esteem (those with more severe ASD reported a tougher time, as you'd expect), and that there may be other aspects of the work experience, besides those uncovered here, that also vary according to the age that a worker was diagnosed with ASD. **AF**

LINK FEAST

Can a Brain Scan Uncover Your Morals?

'Brain images are becoming standard evidence in some of the country's most controversial and disturbing death penalty trials – including the case of Steven Worthington,' writes Kamala Kelkar. www.theguardian.com/science/2016/jan/17/can-a-brain-scan-uncover-your-morals

Science Is 'Other-Correcting'

On his blog, neuropsychologist Keith Laws tells the sorry tale of what happened when he and his colleagues raised concerns about serious errors in a recent journal paper about CBT for psychosis. <http://keithsneuroblog.blogspot.co.uk/2016/01/science-is-other-correcting.html>

What Personality Tests Really Reveal

There are a lot of personality tests claiming to tell you how to work best, writes psychologist Art Markman at FastCompany. Here's how to make sense of them all. www.fastcompany.com/3055315/work-smart/what-personality-tests-really-reveal

13 Charts That Will Make Total Sense to People with Impostor Syndrome

Impostor syndrome says Kristin Chirico at BuzzFeed: that sinking feeling where you're afraid you're not good enough, and everyone is going to find out about it. Also read more at <http://thepsychologist.bps.org.uk/volume-23/edition-5/feeling-fraud> www.buzzfeed.com/kristinchirico/13-charts-that-will-make-total-sense-to-people-with-impostor

Memories of Glyn W. Humphreys

Psychology is mourning the sudden loss of a hugely influential researcher, teacher and kind man. <http://glynwhumphreys.memorial>

We've Totally Missed the Point

Rather than saying 'Not everybody is a good at math. Just do your best,' a teacher or parent should say 'When you learn how to do a new math problem, it grows your brain.' Jenny Anderson for Quartz. <http://qz.com/587811/stanford-professor-who-pioneered-praising-effort-sees-false-praise-everywhere>



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Here's a really simple trick that could help you enjoy more lucid dreams

In *Dreaming*

Lucid dreams are when you know you're dreaming and you can consciously control events as they unfold: it's like being the director and star of your own Hollywood movie. It's estimated that about 20 per cent of people get to enjoy them fairly regularly (at least once a month). For the rest of us, a new study in the journal *Dreaming* suggests a really simple way to increase your odds of having lucid dreams – just start making more frequent use of the snooze function on your alarm clock.

Bethan Smith and Mark Blagrove at Swansea University surveyed 84 people who frequent various Facebook groups and online forums devoted to lucid dreaming. There were 44 women, 39 men, and their ages ranged from 18 to 75.

Based on the following definition of lucid dreaming as 'occurring when an individual becomes aware that they are dreaming, and, while remaining asleep, can control some of the events or content of the dream', 23 participants said they had never had a lucid dream. The remainder gave an indication of how often they had lucid dreams on a seven-point-scale from 1 (less than once a year) to 7 (four to seven nights a week). To give an idea of the spread of answers, 12 participants said they had less than one lucid dream a year, while five participants said they had between four and seven a week.

One of the main findings to come out of the survey was a correlation between frequency of lucid dreaming and the number of times participants said they usually hit the snooze button on their alarm clock each morning. This correlation held even after controlling for the influence of other

measures, such as the participants' tendency to recall their dreams and their number of awakenings per night. Putting this finding slightly differently, people who reported using an alarm clock snooze function at all reported having significantly more lucid dreams than people who said they never used a snooze function (snooze-function users averaged 3.04 on the seven-point frequency of lucid dreaming scale compared with 2.76 among the non-snoozers).

We can't read too much into these results – after all, perhaps for some reason, people who are more prone to lucid dreaming just happen to like using the snooze function on their clocks. To check that alarm

clock snooze functions really cause more lucid dreams, we need an experiment that randomly allocates some people to start using the snooze function and then we could see if they start having more lucid dreams compared with a control group.

While caution is in order for now, the researchers explain that it does make theoretical sense that using the snooze function should lead to more lucid dreams. When people's sleep is interrupted, such as by the snooze alarm, it's more likely that they'll dip straight back into a light REM sleep, which is when lucid dreams mostly occur. Indeed, if you use your alarm clock to help you doze and wake intermittently, this is very similar to an established method for inducing lucid dreams known as the 'Wake-Back-To-Bed' technique, which involves scheduling an alarm to go off an hour before your usual waking time and then deliberately focusing on remaining lucid while falling back to sleep. **CJ**



DIGEST DIGESTED

Full reports are available at www.bps.org.uk/digest

When 50 overweight women kept a 'fat stigma' diary for a week, they recorded an average of three stigmatising experiences each per day. Older and better-educated women experienced less stigma, suggesting they'd found ways to avoid or deal with discrimination. *Journal of Health Psychology*

By age eight, children already recognise the greater moral seriousness and consequences of criminal acts compared with mere mischief. The finding came from asking them to rate vignettes and could inform debate over the appropriate age of criminal responsibility. *Legal and Criminological Psychology*

In terms of life satisfaction and stress symptoms, participants in a university survey who believed they had an unanswered calling in life actually fared worse than those who said they had no calling at all. *Journal of Vocational Behaviour*

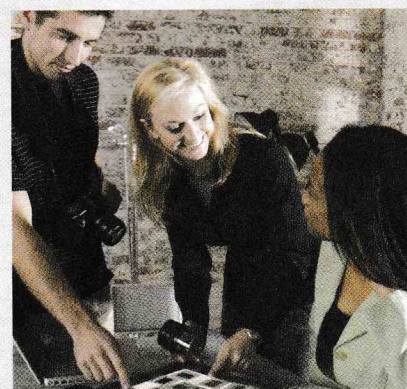
Restaurant diners who are served by an overweight waiter or waitress tend to order more food and alcoholic drink.

Psychologists observed real interactions in 50 restaurants, mostly in the US. *Environment and Behaviour*



Concerns have been raised that IVF could interfere with natural 'filtering' processes that help reduce the risk of developmental disorders. However, a study of 67 children born via IVF found they were developmentally advantaged compared with their peers. *European Journal of Developmental Psychology*

We are most vulnerable to temptation when it feels like we're in the middle of something, whether it's being half-way through a café loyalty card or midway through the year. It's because, unlike the start and end of a process, we don't use the middle to judge our selves. *Journal of Personality and Social Psychology*



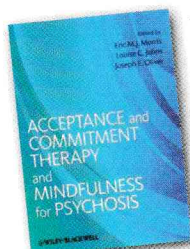
Creative teams perform better when their leader believes in her or his own creative abilities. People who score higher in what the study calls 'creative self-efficacy' are known to be less conformist and receptive to ideas; they get creative behaviours. *Organizational and Human Decision Processes*

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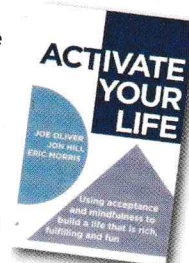
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- Manchester 25-26th April with Joe Oliver
- Glasgow 16-17th May with Joe Oliver

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About Joe

Dr Joe Oliver is a Clinical Psychologist working within the NHS and is also Director for Contextual Consulting, offering ACT-focused training, supervision and therapy. He regularly delivers teaching and training on both ACT and cognitive behavioural therapies, in the UK and internationally and is an ACBS peer reviewed trainer. Joe is an effective and engaging speaker and consistently receives excellent feedback on his workshops.

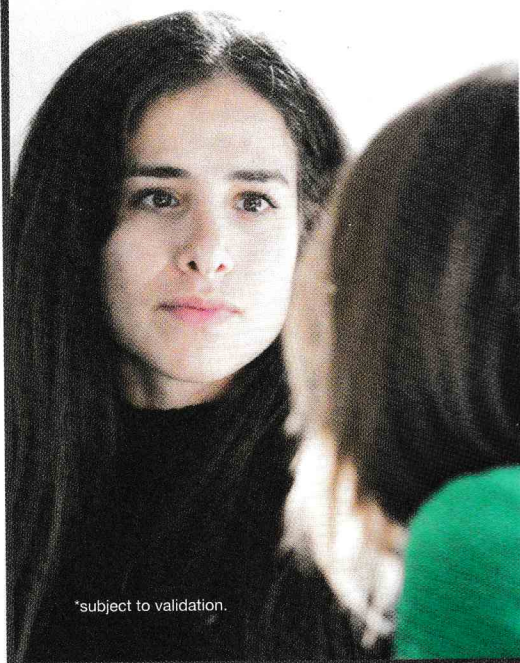
Dr Joe Oliver is co-editor of the book, "Acceptance and Commitment Therapy and Mindfulness for Psychosis" published by Wiley-Blackwell. He is also co-author of the popular ACT self-help book, "ACTivate Your Life" by Constable Robinson.

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APPROVED

The survival secrets of solitaires

Ian O'Donnell finds resilience and growth in a most unlikely environment

A White Paper on crime famously described imprisonment as 'an expensive way of making bad people worse' (Home Office, 1990, para. 2.7). The inevitable harms of incarceration include the entrenchment of community disadvantage, the sundering of family ties and the limiting of human potential. And all of this comes at a huge financial cost: almost £34,000 per prisoner per year according to recent figures from the Ministry of Justice (2014, Table 1).

But prison does not destroy all of the people all of the time. Prisoners are resilient, and even in the bleakest environments they find opportunities to mature and, occasionally, to flourish.

Solitary confinement

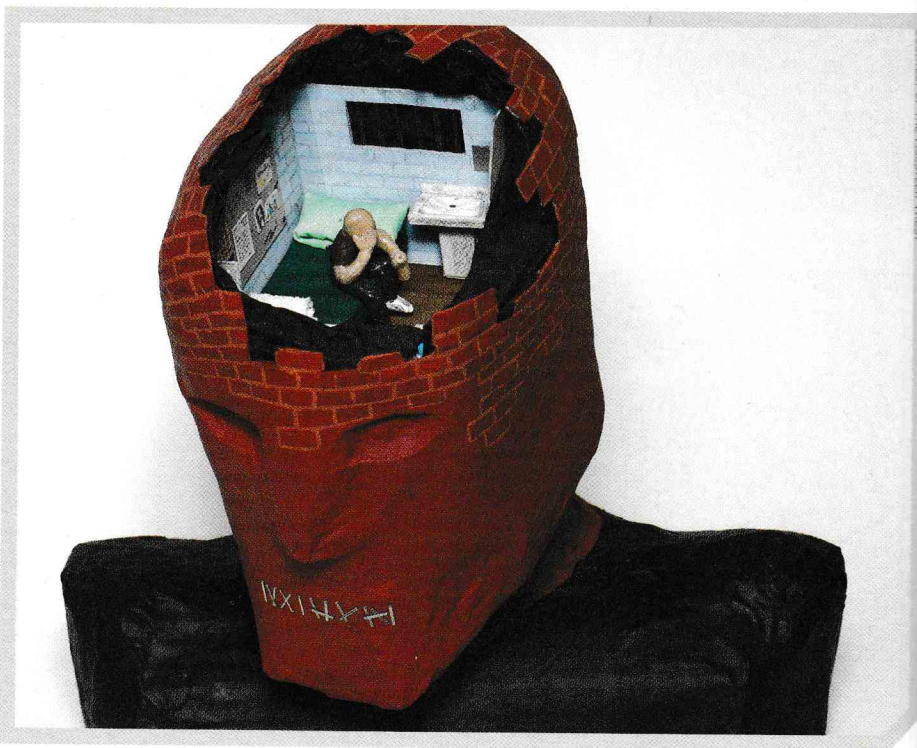
It is difficult to imagine a more disenchanting and disempowering place than a solitary confinement cell in a high-security prison. When opportunities for meaningful human engagement are stripped away, mental health difficulties arise with disturbing regularity. In the US, where prisoners can be held in isolation for many years for administrative reasons, stories of psychological disintegration are common. A senate judiciary subcommittee on solitary confinement was told of a prisoner whose response to his predicament was to stitch his mouth shut using thread from his pillowcase and a makeshift needle. Another chewed off a finger, removed one of his testicles, and sliced off his ear lobes. A third took apart

the television set in his cell and ate it (see Haney, 2012, pp.9–10).

Hans Toch (1975/1992, p.330) has written about the 'cold, suffocating vacuum' that is the isolation cell and how 'it remains a tragic fact that our ultimate tool for dealing with fear-obsessed persons defies and defeats their regeneration: We

isolate such persons, make them feel trapped, and seal their fate. We place those who are their own worst enemies face to face with themselves, alone, in a void.' Some find the burden of self-examination to be unbearable.

The pathological side-effects of penal isolation have long been recognised (e.g. Nitsche & Wilmanns, 1912). Indeed, there was a vigorous debate in the mid-19th century when prisons designed according to the principle of separation were opened in the US and then, with more enthusiasm, across Europe. In institutions that operated according to this principle, prisoners were kept in single cells where they ate, worked, read their Bibles and reflected on their wrongdoing. They exercised alone in small yards. For the duration of their sentences they never saw the face of another inmate. During a visit to Eastern State Penitentiary



Prisoner of The Mind, HM Prison Winchester, Si Pickard Commended Award

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in Philadelphia, Charles Dickens met men and women who had been separated from their peers for years and who seemed to have unravelled as a result. The great novelist was horrified by what he saw, declaring that:

I hold this slow and daily tampering with the mysteries of the brain, to be immeasurably worse than any torture of the body: and because its ghastly signs and tokens are not so palpable to the eye and sense of touch as scars upon the flesh; because its wounds are not upon the surface, and it extorts few cries that human ears can hear; therefore I the more denounce it, as a secret punishment which slumbering humanity is not roused up to stay. (Dickens, 1842/2000, pp.111–112)

London's Pentonville Prison, which incorporated the principle of separation in every aspect of its design and daily operation, became controversial as soon as it opened in 1842. *The Times* directed particular attention to the men who were transferred from the 'model prison' to Bethlem Hospital on account of their inability to cope with uninterrupted aloneness. In November 1843 the newspaper went so far as to describe Pentonville as a 'maniac-making system'.

The concern with harmful effects was probably exaggerated at the time but continues to reverberate in the psychiatric literature. Some commentators believe the 'symptoms' of solitary confinement – physiological, cognitive, perceptual, emotional and motor – are so consistently found that they constitute a 'solitary confinement psychosis' (Grassian & Friedman, 1986, p.55). But some prisoners show an impressive ability to resist the assault on their identities that accompanies prolonged removal from company. In an effort to make sense of how men and women cope with enforced isolation I examined numerous prisoner narratives written since the mid-19th century as well as hostage autobiographies, newspaper reports, tracts written by prison chaplains

and reformers, official publications, academic critiques and the documents produced by commissions of inquiry. I made field visits to prisons, studied the available statistical data and requested further materials from the relevant authorities. A select group of prisoners, including several on death row, who have endured periods of isolation measured in decades rather than years, were gracious enough to share some of their thoughts with me in person and through the exchange of letters. A series of seminars with prisoners serving life sentences gave me an opportunity to test my ideas against the experiences of those to whom they should relate.

Close engagement with these various sources over a period of several years resulted in my book, *Prisoners, Solitude, and Time* (O'Donnell, 2014).

So what did I find?

The seven Rs

My research revealed a number of ways that prisoners mitigate the harmful effects of time spent alone in a place not of their choosing and to a timetable not of their design. I call these the 'seven Rs of survival'. The emphasis here is not on general patterns of adaptation to imprisonment but on how individuals respond to the specific exigencies of enforced solitude and the passing of long stretches of time. Some prisoners master none of these techniques and their time in solitary confinement results in withdrawal, destructive rumination, cognitive impairment, depression, self-harm and, exceptionally, suicide.

The survival stratagems of successful solitaries are discussed next in ascending order of importance and in descending order of prevalence. Rescheduling, Removal, Reduction, and Reorientation are commonly used and moderately effective.

Meet the author

'I have long been aware of the harms of solitary confinement, but in recent years I became intrigued by the capacity that some prisoners display to cope with conditions that others find unbearable. Curiosity about this aspect of the prison experience resulted in my book *Prisoners, Solitude, and Time*.'



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Resistance is less common but can sustain a prisoner for some time (although belligerence is fatiguing). Raptness, when mastered, is an effective way of truncating perceived duration and investing time with meaning. Reinterpretation is rare but potent.

Turning first to Rescheduling. This involves using different intervals to gauge the passage of time. Sociologists Stanley Cohen and Laurie Taylor (1972, p.97) described how a recent arrival at Durham Prison who sought advice on how to structure a 20-year sentence was told, 'It's easy, do it five years at a time.' While there is obviously a measure of bravado associated with the idea that there could be anything easy about this process other than verbalising it, there is no doubt that a schedule broken down into meaningful chunks seems more manageable. Few people measure their lives in 20-year blocks, but a five-year term can be grasped. This is the around the length of time spent in secondary school and a little more than the interval between football World Cups.

Removal involves routine work and exercise, busyness as an end in itself; this alleviates the sources of stress and anxiety

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that can protract duration. For the literate prisoner, reading can serve this purpose by restocking the mind, allowing imaginative engagement with a text and its characters, and making the prisoner part of a community of readers. Others devise exercise regimes that do not require a training partner but that fill time and bring about a satisfying kind of tiredness. When relationships cannot be formed with human beings they are forged with other creatures instead, such as insects, mice and birds. Prisoners personify, and become attached to, animals that might otherwise be an irritating distraction. This offers an outlet for humanity's innate sociability, what neuroscientist John Cacioppo and science editor William Patrick (2008, p.63) characterised as our 'obligatorily gregarious' natures.

One way of lightening the burden of time spent alone is to sleep through as much of it as possible. I term this approach Reduction. Hitler's favourite architect, Albert Speer (1975/2010, p.43), noted in his prison diary: 'Now I have reached twelve hours of sleep daily. If I can keep that up I shall be cutting my imprisonment by a full five years – by comparison with my normal sleeping time of six hours.' An allied approach is to deaden the impact of isolation through drug use. Prisoners are often poly-drug users when at liberty, but during periods of incarceration they are much more discriminating, generally limiting themselves to heroin and cannabis (Edgar & O'Donnell, 1998). These are the drugs of choice because they blunt the pains of captivity; they soothe and cosset, however temporarily. Sometimes, medication prescribed by prison doctors has a similar effect.

Reorientation involves resetting temporal horizons so that the focus is on the present. If prisoners are to survive psychologically it is important that they shift their time orientation. Dwelling on the past and any associated remorse or regret, or obsessing about a future life that is unlikely to arrive in the wished-for format, introduces a degree of fretfulness that is inimical to successful navigation of the temporal landscape. The solitary prisoner who can achieve immersion in the present has stolen an important advantage over his or her environment. Having been wrenched from the world, they find themselves – at no inconsiderable cost – adopting a temporal orientation that is occasionally accompanied by mindfulness (on the implications of mindfulness for prisoner conduct see Shonin et al., 2013; more generally see Tolle, 2005).

Some prisoners survive through Resistance. A simple way of subverting the



Riches to Rags, HM Prison Dovegate, Anne Peaker First-Time Entrant Award

system of solitary confinement is to undermine its prohibition on social intercourse, something men and women have been adept at doing since the first attempts were made to isolate them. Prisoners communicate by tapping on walls and pipes, leaving written messages for others to find, or prevailing upon a sympathetic staff member to act as their messenger. Fighting staff is another way of resisting but it is seldom chosen. The marked power imbalance that exists between the parties and the relative availability of equipment and reinforcements, mean that the almost certain victor in any such encounter is the member of staff. Some prisoners resist through litigating, and from their isolation cells they use the courts to further their ends.

Raptness is absorption in an activity like creative writing or craftwork. As well as speeding the passage of time, it results in a product that may enhance the self-respect and status of the person who produced it, setting them apart in terms of accomplishment. This distinguishes it from involvement in prison work more generally, in which the individual may invest no particular significance beyond its value as a Removal activity. Raptness is about following pursuits that are meaningful and individuating. As well as helping time to pass, such pursuits invest it with purpose and this further reduces its weight.

Finally, there is Reinterpretation. For prisoners who can re-cast their predicament the potential rewards are substantial. Those who can devise, or adopt, a frame of reference – often political or religious – that puts their pain in

context seem to draw succour from their circumstances. For the fortunate few who can re-imagine their situation, the potential rewards are substantial.

The art of living

Writing about his experiences in Auschwitz, the psychotherapist Viktor Frankl (1946/2004, p.55) described how, 'it is possible to practice the art of living even in a concentration camp, although suffering is omnipresent'. Frankl discovered that when everything appears to have been removed, the freedom to choose one's attitude remains. The miserable conditions, the hopelessness, and the fear of impending death could not obliterate this fundamental freedom. While protecting their physical integrity and prolonging their lives were almost always beyond the prisoners' control, how they made sense of their suffering and with what degree of dignity it was borne fell to each individual to determine.

It was a rare person who could remain composed in the milieu of the concentration camp, but some managed to do so. Through their attitude to unavoidable hardship they demonstrated the existence of the human capacity to make the critical choice that Frankl described. This courageous few showed how sense could be made of suffering and how meaning could be added to a life that was almost certain to be further degraded and then extinguished. Not many men or women have the fortitude to behave like this, but the fact that some do suggests that all might.

It is important not to exaggerate the extent to which prisoners will be able to

triumph over extreme adversity but Frankl's message is that this is not happenstance. Those who win out have decided to do so and those who withdraw, take their own lives, prey on (or pray with) their fellows, or collude with the authorities, have also chosen their courses of action.

A small number of prisoners in solitary confinement manage to reinterpret their situations; they come to realise that the 'art of living' can be practised anywhere, however unpropitious the circumstances. They appreciate Frankl's central insight that life can be meaningful as well as desperately unhappy and subscribe to his view (paraphrasing Nietzsche) that, 'He who has a *why* to live for can bear with almost any *how*' (Frankl, 1946/2004, p.84).

Post-traumatic growth

The effort to make sense of adversity, to overcome the challenges that follow in its wake, and to create meaning out of altered circumstances, can serve as a platform for personal growth. John Bronsteen, Christopher Buccafusco, and

Jonathan Masur (2009, p.1042) reviewed the effects of serious disability on

subjective wellbeing and found a general pattern of successful adaptation, leading them to conclude that while the underlying

mechanisms were not well understood, 'it seems as if people have a "psychological immune system" that helps them cope with the effects of many kinds of adverse events'.

Not everyone is affected by trauma in the same way. Some emerge emotionally unscathed, some recover without prolonged distress, some are impaired. It is the group who are changed but in the process move beyond their previous level of functioning that experiences post-traumatic growth (see Joseph, 2012: see also tinyurl.com/mwtugs9). Those who report the most growth are not the individuals who easily slough off the effects of traumatic circumstances, but those who are shaken up (but not overwhelmed) by them. In their efforts to

"For those ready to accept the rewards that sobriety and introspection can bring, the solitary cell can become a transformative place"

reduce the dissonance between the world as now revealed to them and their previous assumptions, they come to new understandings and accommodations. They learn more about their psychological boundaries and how they can be redrawn; they identify capacities to cope that had not previously been recognised; they strike new terms of engagement with their life-worlds; they become accomplished reappraisers.

Building better lives

Some men and women, especially those of a reflective bent whose clarity of thought is not too adversely affected by mental illness or addiction, find that incarceration is a catalyst for personal development. For those ready to accept the rewards that sobriety and introspection can bring, the solitary cell can become a transformative place. Returning to the White Paper mentioned at the beginning of this article, imprisonment will always be expensive and those subjected to it will often have committed awful crimes, but we should not underestimate the capacity of even the most apparently recalcitrant offenders to build better lives.



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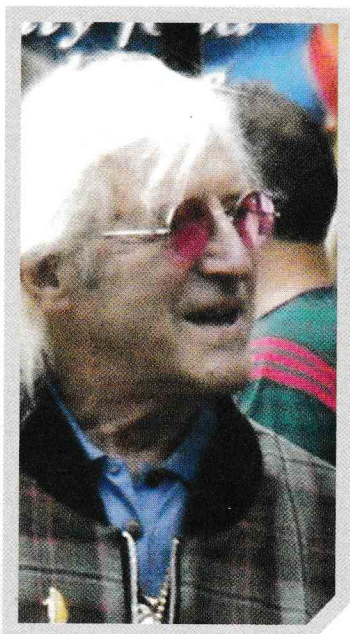
The emperor's new clothes?

Graham Towl and David Crighton consider sex offender treatment and the 'New Public Management' trend

There has been a growing, if rather belated, recognition of the extent of sexual offending toward both adults and children in society. Recent examples of this would include the reports into large-scale and systematic child sexual abuse in Rotherham (Jay, 2014) and the serial sexual abuse by Sir Jimmy Savile OBE (Lampard & Marsden, 2015). In turn this has led to the establishment of a series of large-scale police investigations alongside a major independent inquiry in the UK, chaired by Justice Lowell Goddard (Independent Inquiry into Child Sexual Abuse, 2015).

This growing awareness has led to policies designed to reduce the risk of sexual offending that have largely involved incapacitation, deterrence, and rehabilitation. These were matched by the provision of generous and increasing funding, much of which went to correctional settings from the 1980s onwards. The numbers of those detained as a result of convictions for criminal sexual behaviours increased, as did the relative length of time spent in custody. Harsher sentencing guidelines and

the use of extended sentences were implemented along with, at least until recently, increased use of various forms of indeterminate sentence. Arguably this served to protect the public from those presenting the highest risk simply as a result of their removal from wider society. The deterrent effects of harsher sentencing remain unclear, as do efforts at rehabilitation in correctional settings.



Growing awareness has led to policies designed to reduce the risk of sexual offending

Correctional settings (prisons, young offender institutions, secure mental hospitals, and so on) have seen a dramatic growth in their funding and staffing for rehabilitative work with sexual offenders. This growth happened in parallel with the increasing focus on incapacitation and deterrence and the resulting detention of larger numbers of convicted sexual offenders. It also took place at a time when public services were becoming increasingly market based, with the use

of 'managerialist' target-driven approaches becoming dominant. Psychologists came to the fore in the rehabilitative efforts with sexual offenders in corrections. The changes in public policy greatly influenced the application of psychology in this area of practice and did so, it has been argued, in ways that have not always best served the public interest (Towl, 2010).

Early efforts at rehabilitation with sexual offenders involved a wide range of approaches, on the basis that there was a very limited understanding of the causes of sexual offending or the clinical needs of those showing such behaviours. Interventions were developed and delivered, generally on a multidisciplinary basis, by those with substantial and extensive practice experience, along with high levels of professional skill and autonomy (Hopkins, 1993). Work in this area was understood as being experimental in nature. Early reviews of these initial trials frequently involved convicted sexual offenders and those detained in correctional settings. The results were seen as being mildly encouraging but by no means definitive, with the evidence base suggesting that around half of the reported trials showed modest positive effects but with the proviso that this was based on a body of studies with methodological weaknesses (Polizzi et al., 1999).

Where we are now?

In line with the mixed research findings, early efforts to work with the subgroup of sexual offenders detained in correctional settings were cautious and were framed in terms of the notion of 'What works?' (Towl, 2010). This began as a question to be addressed but quickly came to be associated with bold and often poorly founded claims about what was 'known' about the efficacy of psychological interventions with sexual offenders. Notions of 'What works?' appealed both in political and policy terms. In much of the literature, the question within the

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term was prematurely dispensed with, in favour of often inadequately developed assessments and interventions (Crighton & Towl, 2007; Hart et al., 2007).

In turn these notions led, in corrections, to increasingly mechanistic and standardised psychological interventions. Historically these have been designed to modify thoughts and beliefs and sometimes physiological arousal. The overall aim has been the development of alternative behaviours in sexual offenders. There has though been a significant narrowing of the theoretical base, with an increasing predominance of a single modified cognitive behavioural approach and the use of some behaviour modification techniques with a subset of offenders.

A specific technical language involving a curious mixing of psychological and managerial jargon, similar to the Newspeak described by George Orwell in 1984, also developed to describe this process. Sexual crimes became 'offending behaviour' and specific groupwork based psychological interventions became 'programmes'. Medical terminology was often adopted, with these psychological interventions being described as 'treatment' and the number of therapeutic sessions being described as 'dosage'. The term 'criminogenic' was adopted from criminology but the meaning was altered to emphasise the role of individual characteristics, rather than the social, political, economic or other factors associated with sexual offending. These developments had a clear marketing appeal and were resonant with the growing managerialism in, and marketisation of, service provision in corrections. The ability to 'treat' and by implication potentially 'cure' individuals in secure settings, separated from wider society, might fairly be seen as easier than addressing wider public health and other issues that underpin sexual offending (Thomas-Peter, 2006).

Broadly speaking, social democratic principles had dominated public policy in

the UK from the immediate post war period until the late 1970s, with a broad consensus around the development of greater welfare provision, along with goals of reducing health, social and economic inequalities. The 1980s onwards saw a clear break in this consensus, with moves to place choice and markets at the heart of the allocation of public resources. Monopolistic state provision of services came to be seen, with some justification, as being inefficient, bureaucratic and unresponsive. Moves towards a mixture of public, private and charitable activity, along with efforts to increase choice and self-help, was advocated as the solution to these concerns.

This new orthodoxy was reflected in the introduction and growth of privately run institutions or services in corrections (Farnham & Horton, 1996). In turn, the role of managers in areas of public sector provision progressively changed, from that of managing institutions and services, to one of managing contracts for the delivery of centrally specified targets. Such changes have been described as the New Public Management (NPM: Nielsen, 2014). This approach can be seen as a rather simplistic application of the principles of market-based businesses to public services. The model used, it could be argued, was more akin to the state-based capitalism seen in Eastern Europe in the 1970s, where central targets were set for a number of units of production and the role of state industries was to meet these planned targets.

This approach to the management of public services was associated with a period of very rapid growth for psychologists in corrections. Highlighting

Meet the authors

'As Head and Deputy Head of Psychological Services for prisons and probation in England and Wales we reconfigured services nationally, increasing the number of psychological staff from around 400 to over 1000 over five years. Over recent years there has been a growing awareness of the prevalence of sexual offending and the harm caused across communities. Psychologists have worked diligently in this challenging area, but there is now a need to look afresh at how to most effectively reduce the onset of sexual offending and reduce the risk from known and unknown perpetrators.'



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the asserted efficacy of particular structured assessments and interventions to identify and reduce the risk of reconviction for sexual offending served a number of largely political purposes. It arguably gave a further justification for the increased use of indeterminate sentences, as offenders' levels of risk of reconviction could be assessed, at least in Newspeak terms, and their progress to release could be based on the 'completion' of specific 'treatment' in custody to reduce this assessed risk based on an individual's 'criminogenic factors'. It also provided a clear basis of bids for additional funding based on 'products' that could be delivered as units and measured accordingly as business 'metrics'. The

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purchasing of such 'products' therefore grew markedly and led to related processes of standardised assessment, allocation and interventions. Targets for completion could be simply set out as part of a regular planning cycle and in turn measured and met. In this manner ever more sexual offenders could be 'rehabilitated' for release back into the community.

This has all resulted in psychology in correctional settings becoming a disproportionately managerial, rather than clinical process, where the aim is to meet the central targets set within the managerial plan. It has also led to a cycle of growth in assessed need and in the provision defined as addressing this. There's an ethical tension too – those responsible for the planning and identification of needs should be clearly separate from the suppliers of the services.

On the whole, NPM approaches in public services have arguably contributed progressively and significantly to a lowering of levels of professional skill requirements and a diminution of professional autonomy. As such work became increasingly procedural, standardised and based on a single theoretical approach, the use of a less trained and skilled workforce could, from an NPM perspective, be justified. In turn this could be used, in combination with growing economies of scale, to appear to drive down costs and drive up numeric outputs. The marginal costs associated with 'treatment' of sexual offending, such as the professional staff involved, could in this way be progressively reduced.

The use of NPM in corrections also raises further ethical and professional issues. The model used for allocation to the 'treatment' is typically one of fitting individuals to standardised, largely group-based, courses. This contrasts with the

normative professional practice in psychology, of tailoring interventions closely to individual needs. This may well have adverse impacts on the response to psychological interventions, but this is not captured at all within simple counting of the number of 'treatment completions'. Attendance at a given number of sessions of 'treatment' is what is measured and so becomes, at a political and policy level, what matters.

A number of questions arise from such inflexibility. For example, do we really know that group work is more clinically effective than individual work? Is the response bias for those subject to indeterminate detention

simply to repeat what courts and tribunals want to hear, in the hope of release? Within the New Public Management framework, such issues have been largely neglected in favour of considerations of the 'metrics' that drive the process, such as throughput. To date there has, with some notable exceptions, been little in the way of adequate discussion or professional analysis of the effects of this managerial model on psychological practice (Brown et al., 2015; Towl, 2010).

A false sense of security?

Increasingly, though, there has been a growing recognition of the failings of current interventions on sexual reoffending (Crighton & Towl, 2007; Hanson, personal communication cited in Rice & Harris, 2013).

Sexual offenders in correctional settings are a highly selected group and, it might reasonably be argued, are unlikely to be typical of the larger group of all sexual offenders. As a group, though, only a minority of this subgroup will go on to be reconvicted. Reconviction rates are of course a proxy measure of true rates of sexual reoffending. It does, however, seem evident that for many of

this subgroup, the deterrent effects of conviction and community supervision appear to have an impact in reducing the risk of reconviction to relatively low levels. This is illustrated in a recent study using Ministry of Justice data. Of those assessed using a structured assessment of risk (the Risk Matrix 2000) it was noted that, based on a sample of 1000 convicted sex offenders, 70 would fall into the very highest-risk grouping. Of these, five would go on to be reconvicted within two years and the rest would not. In total, 23 out of the sample of 1000 would be reconvicted within this time frame (Cooke & Michie, 2014). Similar findings of relatively low rates of reconviction have been reported by others (Barnett et al., 2010). Given such findings, the use of blanket standardised interventions seems a poor use of scarce resources where the aim is to reduce sexual reoffending.

Systematic reviews have also highlighted the insufficient methodological quality of much of the evidence base. Despite around half a century of research in this area, the lack of randomised trials of efficacy is most striking and may have contributed to a lack of theoretical progress in this area. Within corrections though there is no compelling evidence of significant reductions in sexual reoffending or sexual harm to others, for those completing rehabilitation work on 'programmes' (Crighton & Towl, 2007; Hanson, personal communication cited in Rice & Harris, 2013).

The most recent systematic reviews of the area have underlined these concerns. Cochrane Collaboration reviews were undertaken in 2003 and again 2012, with the later review concluding that the implementation of sex offender 'treatment' had proceeded with little apparent regard for caveats surrounding the evidence base (Dennis et al., 2012). These would include the observation that sexual offending is both a social and a public health issue, with high incidence and prevalence levels, with a wide acceptance of considerable hidden sexual victimisation and damaging effects on the mental health of victims.

The Cochrane review identified only 10 studies of sufficient methodological quality for inclusion, involving data from 944 men. Five of these involved essentially cognitive behavioural therapy (CBT) and studied 664 men, with four studies including a no-treatment or a waiting-list control condition. One study compared CBT with standard care. The authors noted that for the largest study of 484 men, intervention was compared with a no-treatment condition and the

"there is... a pressing need to move resources and expertise from custodial to community settings"

Wiley-Blackwell.
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long-term outcome data were reported. The time 'at risk' in the community was similar at 8.3 years for the treated group and 8.4 years for the control group. They note that no difference was found between the groups in terms of the risk of reconviction for sexual offences (Dennis et al., 2012). The Cochrane review team went on to conclude that current approaches could result in the continued use of ineffective and potentially harmful interventions, producing a false sense of security from the misplaced belief that 'treated' individuals are at reduced risk of reoffending. In fact, it is simply not clear that is the case, or that those who do not complete these 'treatments' are at a higher risk of reoffending.

Alternative directions

Rehabilitative work in correctional settings has taken precedence over prevention and work in the community. Correctional settings have been a comparatively straightforward setting to provide work that fits with the New Public Management approach. Group work courses are arguably more straightforward (and efficient) to set up and run, attendance is easier to ensure and course 'completions' are easy to measure and report, in turn meeting annual targets for 'output'. Possibly, partly as a result of this, funding has come to be largely focused on secure prisons and hospitals in general and high-security settings in particular. We would argue though that public protection in high-security settings is chiefly served by means of incapacitation (physical separation and containment) and deterrence, rather than rehabilitation via 'treatment'. It is by no means clear that such settings are the most appropriate to undertake psychological interventions designed to reduce the risk of sexual crimes, especially in high-security prisons where there are other more pressing clinical and public protection priorities.

Given the less than encouraging evidence base and insufficiently developed theoretical understanding of sexual offending, further, but different, experimental approaches to working with sex offenders are urgently warranted to reduce sexual offending. In line with this, randomised trials of a range of approaches appear to be needed, as a means of driving both the development of research and clinical practice.

A large majority of sexual offenders, it can be persuasively argued, are unlikely to ever be detained in correctional settings. Prevention work in the community is therefore critical if the

public is to be effectively protected. Efforts at prevention of sexual offending in the first place appear to be far more desirable than punishment and rehabilitation. Prompt interventions with those who exhibit sexually harmful behaviours early in life may also provide a more promising approach to public protection, focusing resources earlier on the developmental pathway of sexual offending. Early interventions in the community also have the advantage of focusing on those in a position to cause harm for the longest period. Shifting resources for prevention and rehabilitation towards community settings would also help address risk in those who present current risks of sexual offending in the community. All in all there is, we argue, a pressing need to move resources and expertise from custodial to community settings.

There are a number of examples of community-based approaches that show potential promise. In the UK the Lucy Faithfull Foundation, the children's charity Barnardo's and others have developed a variety of preventative models (Dennis & Whitehead, 2012). Both organisations have also developed community-based work with those at an early stage of developing sexually inappropriate behaviours. Project Dunkelfeld in Germany provides a well-developed example of an approach based on a public health model of prevention of sexual offending. Here free confidential advice and intervention work based on a prevention model is available to those who have never offended, offenders who have not been caught and previously punished offenders (Beier et al., 2009).

For those who have been punished and returned to the community, the use of support networks, such as the 'Circles of Support' approach, appear to have the potential to reduce risk (Kitson-Boyce, 2014; Thomas et al., 2014). Originally developed in Canada this approach has been adapted for use in the UK by a number of probation services and has shown some encouraging results in reducing sexual offending and also

a range of other criminal and antisocial behaviours, although here too randomised studies have been slow to develop.

Changes of the kind outlined above are likely to require fundamental changes to service delivery that do not, on the face of it, fit well with the prevailing management orthodoxy. They suggest a need for a higher and more broad-based level of skill than current practice. The New Public Management stress on centralised target setting, simplification, reduced autonomy and 'metrics' concerned with throughput do not map easily to these alternatives approaches.



Rehabilitative work in correctional settings has taken precedence over prevention and work in the community

As psychologists, though, we need to acknowledge the role of current managerial ideologies in structuring our approach, and be prepared to challenge these where necessary. There is also a need to be clear about the poverty of the evidence base and the need to work towards newer and more promising approaches. These need to be driven by population-based prevention approaches rather than simply individual rehabilitation. They need to be based primarily in the most effective, rather than the most (politically) convenient, settings. In turn, this will require a shifting of resources from institutions to community-based services. Most critically, what we do needs to be underpinned by an experimental approach based on rigorous research and independent evaluation.

Rehabilitation – writing a new story

Adrian Needs looks at the importance of process and context in turning prisoners' lives around

In 2014 many readers will have seen discussion of restrictions on prisoners receiving books. Driven by the then Justice Secretary Chris Grayling, these proposals were part of a revision of the Incentives and Earned Privileges Scheme (IEPS) that had come into force the year before. Their rationale was that the availability to prisoners of certain commodities should be structured around effort, attainment and compliance; it was further claimed that the restrictions would promote consistency and improve security. Protesters saw the hand of populist politics and expressed alarm at the moral implications of the measures, and their likely impact on constructive aspirations such as education. In December 2014 the High Court declared the restriction on books to be unlawful and its rationale to be 'misleading'. Not all psychologists were silent on the matter, but perhaps more could have been offered to inform the debate from a psychological perspective.

Fewer readers will be aware of an important critique of psychology in prisons that appeared around the same time as the controversy surfaced. This paper (Gannon & Ward, 2014) argued that there is a crisis in the identity, practice and knowledge base of the field. This was attributed largely to the dominance and manner of implementation of the 'Risk-Needs-Responsivity' (RNR) approach to reducing risk of further offending. Here, I will develop several concerns in relation to psychology in prisons, focusing in

particular on a widespread failure to get to grips with processes in personal change and related contextual influences. I also offer some suggestions concerning the future of psychology in prisons.

Neglecting the process of change

Central to the RNR framework is the targeting of personal, attitudinal and lifestyle factors that extensive research has identified to be linked to involvement in crime (Andrews & Bonta, 2010). These factors (or 'criminogenic needs') typically are addressed using group-based, cognitive-behavioural methods.

There is an incremental relationship between effect sizes and adherence to these principles (Andrews, 2011) and this approach, heavily supported by manuals, has provided a platform for the delivery of rehabilitation efforts on an unprecedented scale. Nonetheless, questions have been raised concerning a variety of aspects of the approach, including its quality of implementation and effectiveness in practice. Whilst critics have sometimes been accused of 'knowledge destruction' or failing to provide evidence in support of even complementary developments, there has been an acknowledgement even from proponents that some aspects have remained underdeveloped (Andrews, 2011).

The RNR framework is based upon factors that predict continued involvement in crime; these are not the same as factors that predict desistance

from crime. McNeill (2012) has argued that failure to analyse and apply understanding of how desistance comes about – in effect, neglect of the process of change – is a major limitation of the framework. A second point relates to delivery. Concerns have been expressed over the inflexibility of some therapy staff with regard to individual group members, over an emphasis on goals couched in terms of avoidance and reasons behind behaviour couched in terms of deficits. Such aspects can be experienced as punitive and impersonal, to the detriment of motivation and engagement (Ross et al., 2008). Combined with a perception of undue influence on their prospects, it seems that some prisoners have come to distrust psychologists (Maruna, 2011). Although the last few years have seen a reaffirmation of the importance to rehabilitation of the therapeutic alliance (Marshall & Serran, 2004), the above factors may work against its attainment.

Context

So, too, may the prison environment. The society of prisoners can be an arena of threatened and sometimes actual violence and exploitation, where individuals must locate themselves and their actions in relation to hierarchies, subgroups and possible roles. In encounters with prison officers prisoners may see themselves as spoken to like children or as being on the receiving end of more insidious 'mind games'. Clearly there is scope for vicious circles here, though many prison officers do extraordinarily well in managing difficult interactions with professionalism and humanity (Hay & Sparks, 1991).

Always in the background, though, is 'the system', and even before restrictions on books the IEPS tended to be seen by prisoners as serving control rather than rehabilitation (de Viggiani, 2007). To be a prisoner can be to move in a kind of parallel world that for many is permeated by a sense of powerlessness, lack of autonomy, wasted time, uncertainty, boredom, failure and shame. Mistrust is

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elevated, along with a need to preserve some degree of safety and self-worth (e.g. Butler, 2008; Perrin & Blagden, 2014). All this is not necessarily easy to shed upon entry into a rehabilitation programme, and it is to such a world that individuals must return when the session or programme is over.

Of course prisons are not all alike. They differ from each other in a range of respects, from architecture to staff morale. Prisons also differ according to their 'social climate'. This refers to aspects such as perceived safety, opportunities for personal development and the quality of relationships between prisoners and between prisoners and staff – in effect the 'personality' of an institution (Timko & Moos, 2004). Van der Helm and colleagues (2011) summarised relevant literature in terms of dimensions of support, growth, atmosphere and repression. Such dimensions accord with Alison Liebbling's extensive work on the 'moral performance' of prisons (Liebbling, 2004). This concept extends earlier notions of 'legitimacy' centred on the respectful, fair and ethical use of authority. Liebbling's seminal research has been a major force behind what has been known as the 'decency agenda' and surveys of the quality of prison life. This is a body of research that is often omitted from discussions of rehabilitation.

There is little doubt that we need to know more about relevant processes if rehabilitation is to be supported more effectively (Woessner & Schwedler, 2014). When programmes are rolled out more widely, their effectiveness can be attenuated to the point of evaporation: it is at least in part context-specific (Hough, 2010). Support for this view comes from early evaluation of cognitive skills programmes within HM Prison Service (Falshaw et al., 2003).

This limited incorporation of context and a focus on 'procedures over process' (Marshall & Serran, 2004, p.310) has a number of origins. For example, the expansion in employment of psychologists in prisons was accompanied by a

concentration on assessing and working to reduce risk of reoffending centred on the emerging RNR approach. The attractions of 'evidence-based practice' and standardisation on a large scale had an added appeal for managers and policy makers attuned to a cultural context of target-setting, audit and accountability in use of resources (Bryans, 2000). Expansion on this basis resulted in a growing proportion of psychology staff having limited experience of areas of working in prisons that used to be the norm, such as organisational consultancy and helping prisoners with adjustment difficulties. In explicitly narrowing the range of work and hence experience available to forensic psychologists, the strategy outlined in the NOMS publication 'Driving Delivery' in 2003 also reduced opportunities for trainees to meet the requirements of training and qualification based on a more comprehensive model of professional practice (Needs, 2010b).

An overriding concern with identifying and correcting apparent deficits within individuals may also be seen as a manifestation of the classic fundamental attribution error, whereby dispositional factors are emphasised over situational ones. The context-specific nature of risk is under-estimated (Boer, 2013) and life events that have been shown to be important in other areas receive cursory attention. This might be a consequence of the criminogenic needs at the heart of the RNR approach being abstractions, 'proxy' measures of often complex processes that occur within the varied contexts of individuals' lives (Polaschek, 2012).

Most fundamentally, this relative lack of emphasis on situational contexts might

Meet the author

'I felt I couldn't let the prison "book ban" go unchallenged. Though subsequently reversed, it seemed as punitive and badly thought out as, for example, earlier proposals to make new prisoners wear a distinctive uniform. There was, however, another troubling aspect. Whilst writers, actors and reform groups had been vociferous in their protests, I wasn't aware of much of a contribution to the surrounding debate from psychologists, including those involved in rehabilitation. Had things really changed so much since I had left HM Prison Service? Had the emphasis on standardisation and audit left so little scope for thinking outside of boxes that must be ticked? Of course this is a pretty offensive over-generalisation but it set me thinking; these thoughts bumped into those occasioned by Gannon and Ward's (2014) critique of "correctional psychology".'



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be seen as stemming from a prevailing 'essentialist' epistemology that locates 'mind' within the individual rather than as part of a system of pathways and interactions that encompasses and constitutes both individual and environment (Barrett et al., 2010). Following Clarke and Crossland (1985), perhaps we should concern ourselves less with taking human functioning apart and more with what it may be part of. This opens up possibilities for embracing the complexity of interacting, non-linear (outcomes are not necessarily in proportion to inputs) dynamical systems (Pycroft & Bartollas, 2014).

Process

Prisoners can indeed be seen as inhabiting a variety of 'systems'. These

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include relationships with specific individuals, generalised others, former and future selves, and structures such as bureaucracies and regulations. These interact with each other and with the systems of other people. For example, allegiance to subculture, related contingencies and perceptions of legitimacy may influence a personal narrative that is brought to bear in a risk-assessment interview with a psychologist. The psychologist, too, is part of multiple systems. In the ensuing encounter each individual responds to the other. Doctoral research by Jo Shingler suggests that some practitioners can be aware of and even navigate such processes, though they can be a source of tension. Such systems are rarely reflected in manuals or existing research into risk assessment, despite their potential impact on outcomes.

Switching to rehabilitation, as yet unpublished supervised work by former postgraduate students of mine at least raises the possibility that prison environments can come to reflect (and therefore perpetuate) the sorts of personality characteristics often attributed to their residents. Where other provision is limited, the more disturbed, coercive or ruthless elements amongst the prisoners may co-create a social climate in their own image; this in turn affects individuals who might have gone in a different direction. 'Dog eat dog' views of the world find ready opportunities in prison for manipulation, intimidation and exploitation. These can contribute to a context where a preoccupation with themes of survival, advantage and guardedness can be adaptive and self-fulfilling. Similarly, individuals who lack coherence and consistency in their experiences of self and relationships can be finely attuned to the implied or explicit views and intentions of others toward them. Here the environment may be one of fragile relationships and emotional volatility.

It would be surprising if exposure to the patterns resulting from such an environment did not come to affect the

outlooks and behaviour of members of prison staff, who for their part might already be feeling the consequences of the prevailing economic, political and managerial rhetoric. Such climates are hardly conducive to rehabilitation. In fact, in one establishment studied the salient configuration of social climate indicated by prisoners (low perceived support, autonomy and order) was almost the exact opposite of that reported by Timko and Moos (2004) as necessary for therapeutic change. This was mirrored in the staff group by high levels of stress.

Such findings on social climate must be treated with caution, but it might be useful to raise the possibility of a resonance with another 'system'. Parallels might be drawn between Timko and Moos' conclusions regarding the climate necessary to promote personal change and the conditions for providing a 'secure base' for exploration and development recognised in attachment theory. The implications of an attachment-based approach to understanding and practice have been promulgated in forensic mental health settings (Adshead, 2002). Far from providing a secure base for renewed development, the setting mentioned above seems to have constituted, for some at least, a crucible for concerns and strategies associated with insecurity and self-preservation.

Such an orientation may be kept alive by an environment where themes of perceived distrust, rejection, shame and unresponsiveness are rarely far beneath the surface. It is tempting to suggest that the consequences of impaired 'reflective functioning' associated with insecure and chaotic forms of attachment (Fonagy & Target, 1997) bear more than a passing resemblance to the targets of RNR-based cognitive-skills programmes. We must give more thought to how we might realistically create an approximation of



COURTESY OF THE KOESTLER TRUST

Locked in Rainbows, Atkinson Secure Unit, Pierce Brunt Highly Commended Award

a secure base in a prison environment. Despite improvements in recent years, perhaps programme makers might ponder a little more on ways of enabling individuals to experience the reciprocal connectedness necessary for greater awareness of self and the perspectives of others (or 'reflexivity': Weaver, 2012).

These are powerful processes. Belonging is a fundamental human motive, and how we fare in this affects a range of mechanisms that have their origins in the fact that we are social beings. Again with a trace of irony, the effects of social exclusion can include impairments in self-regulation, a decrease in prosocial behaviour and an increase in aggression (e.g. Baumeister et al., 2005). The ways in which we define ourselves and give meaning and direction to our lives are inherently relational. Many offenders constitute their identities through narratives characterised by themes of shame, stigma and condemnation. Though some commentators might see this as entirely appropriate, the attendant fatalism and loss of hope tend to be counter-productive. Supportive relationships, on the other hand, can sometimes steer the individual towards agency and a more coherent, prosocial identity. These aspects have been suggested as crucial to the process of desistance from offending (Vaughan, 2007; Ward & Maruna, 2007).

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There is a growing view in criminological research that desistance from offending involves several more or less sequential processes characterised by the interaction of subjective and environmental factors (McNeill, 2012). There must be openness to and momentum for change, new experiences and engagement, the building of new narratives and aspirations regarding the sort of person the individual can become (Giordano et al., 2002). As in psychological perspectives concerning readiness to change (Burrowes & Needs, 2009), there is great scope for psychology to explore and evaluate these processes.

Such work can already draw upon several promising areas that emphasise supporting and engaging the individual as an active agent in the change process. These include the Good Lives Model (Ward & Maruna, 2007), engaging prisoners as 'Listeners' or peer mentors, the growth in 'enabling environments' and PIPEs (Psychologically Informed Planned Environments) for personality-disordered offenders, and the use of Prisoner Self-Service kiosks to facilitate planning and contact with families. Major lessons can also be learned from experience with therapeutic communities. There is certainly a place for RNR-based practice, but as part of a comprehensive strategy that incorporates context and process and puts ethics at the forefront (Polaschek, 2012).

Back to books

Although its impact is now historical, what implications can be drawn concerning the possible psychological consequences of restricting prisoners' access to books? It might be suggested that openness to new ideas, possibilities, patterns and perspectives is enhanced through reading. Something similar might be said about connectedness to other minds. Books can be resources for conversation and the development of new interests and potential roles. For the many prisoners with literacy problems

but time on their hands, the availability of books can support their efforts at catching up on their education. Where others send in reading matter this is a validation of one's individuality and worth. Reading is also an activity that 'normalises' in that the essential process is the same wherever it is done or who does it. This might converge with reconstruing offending as incompatible with new roles and a developing identity. Rather appropriately, Perrin and Blagden (2014, p.912) write of the latter as prisoners 're-storying their lives'.

The loss or reversal of these benefits is likely to have had several regrettable consequences compounding, for example, a lack of openness to new experience and possibilities that perpetuates a reliance on schematic processing and group norms (Perry & Sibley, 2013). Especially cautionary, however, are indications that perceived legitimacy is eroded by apparent instances of unfairness, unethical behaviour, impersonal treatment and arbitrary control – especially when prosocial aspirations (such as improving education) and moves to cultivate a positive future self are undermined (Brown & Toyoki, 2013). Prisoners tend to be acutely aware that they are in prison as punishment, not for punishment, even when others appear to forget it.

It is worth remembering too that prisoners are drawn disproportionately from the most socially excluded people in society. Many come from backgrounds of institutional care and in a custodial environment there are likely to be 'frank and overt reminders of previous attachment disruptions and insecurities' (Adshad, 2002, p.37). We need to be careful about inadvertently maintaining the stances and strategies that we should be helping prisoners to leave behind. When environmental pathways are impoverished mind is too, and other meanings will fill the void.

The restriction on books was announced as part of a 'common sense' (and avowedly right wing) attempt at

contingency management. However any programme based on the latter needs careful implementation, management and adherence to principles that acknowledge, for example, the importance of 'a climate of good relationships between inmates and staff' and encouraging intrinsic motivation (Gendreau et al., 2014, p.1089). The gap between these aspirations and the crude reality of IEPs is suggested by (albeit anecdotal) accounts of prisoners committing disciplinary offences to be dropped a band in order to avoid being out of step with their peers. This would not be the first time that an element of the criminal justice system has stumbled into unintended consequences; rather ironically, like poor decisions everywhere, such instances not uncommonly involve a failure to take into account contextual factors whilst being shaped by the contextual factors operating on the decision-maker (Needs, 2010a).

Ultimately, the issue of supporting rehabilitation and the reintegration of offenders into society may be less one of whether we can achieve this than whether as a society we really want to (Maguire & Raynor, 2006). As reports by HM Chief Inspector of Prisons show, reductions in staffing due to severe budgetary restrictions have had numerous adverse consequences and do not give grounds for optimism. This is arguably false economy in an area of government policy often fraught with contradictions, such as ostensibly preparing prisoners for employment then doing little to help them get a job (Weaver, 2012).

The challenge for psychology in prisons, meanwhile, is to reinvent itself through realignment of what it offers and reassertion of its values (Gannon & Ward, 2014). Promising developments have appeared in relation to practice and knowledge. These should be nurtured and extended by reaffirming the contribution of psychology beyond (and arguably to bring to fruition) the RNR framework. With integration (and consideration of the 'whole system') arguably essential to fostering engagement and change, this should be supported by a renewed emphasis on forensic psychologists in prisons gaining experience of working at the organisational level of regimes, consultancy, 'trouble-shooting', training, supervision and well-being of staff. These were once established roles and there can be a synergy between relevant skills (Needs, 2010b). Such a strategy may also be a safeguard against any poorly conceived and coercive populist strategies in the future.

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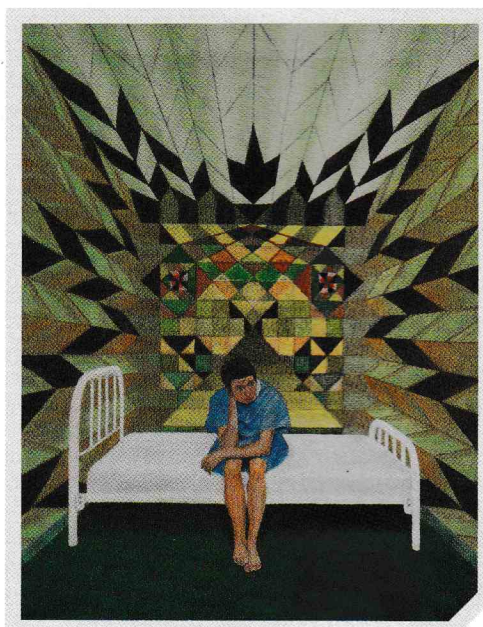
Understanding the experience of imprisonment

Joel Harvey discusses the role of the psychologist

One of the students I teach told me that she had recently visited a police station to observe a mental health team. The police sergeant asked whether she'd like to go into the police cell for a short period of time; she agreed. She told me how struck she was by this experience, one she will never forget. Perhaps it would be valuable for psychologists working in prisons to have an experience like this, of spending some time in a prison cell, in order to get a sense of this day-on-day experience of prisoners. Of course, I doubt that a short stay would come close to capturing what it is actually like to be locked in a small space, unable to ask someone to let you out when you want. But from my experience as a prison researcher and then as a psychologist in prisons and other secure settings, it has long struck me that in order to practise effectively as psychologists, we must at least try to acquire a detailed understanding of the daily lived experience of prisoners.

Such attunement to prisoners' unique experiences would help us to direct our practice to promoting recovery in a meaningful way. In their 2012 book *Secure Recovery*, Gerard Drennan and Deborah Alred usefully summarise the principal spheres of recovery for people with mental health difficulties as clinical, functional, social and personal. They also add to that list

'offender' recovery, which they define as 'coming to terms with having offended, perceiving the need to change the personal qualities that resulted in past offending, which also create the future risk of reoffending, and accepting social and personal consequences of having offended' (p.15). I would suggest that in order to help prisoners recover from their past experience of offending and prevent future similar experiences, we must first



Demon in Solitary, HM Prison Littlehey, Grayson Perry Bronze Award

understand their current experiences, psychological and social, of imprisonment.

Before I trained and worked as a clinical psychologist in forensic settings, I spent time as a criminologist and prison ethnographer. The ethnographer watches what happens, listens to what is said, and asks questions, in order to understand those people's experiences holistically (Hammersley & Atkinson 1997). The ethnographer aims to develop a 'thick-description' (Geertz 1973) of the subjective lived experience of the group with whom she or he has spent a long spell of time. Ethnography involves learning from people rather than studying people (Spradley 1980), so the ethnographer does not come in to a culture taking an expert position.

This was my initial experience of working with prisoners, during my doctoral research on the psychosocial experience of prison for young adults aged 18–20, when I spent a year at HMYOI Feltham (Harvey, 2007). I interviewed young people and staff, and carried out social network analyses of the relationships between prisoners. But also, as part of my ethnographic approach, I was given a set of keys and spent a substantial period of time observing the practices of everyday life, shadowing, observing and interacting with staff and prisoners. As a student and ethnographer, rather than a practitioner then, my reason for being there was to understand – to capture the detail of life there and to witness the ebb and flow of social relationships.

That experience has shaped my later practice as a psychologist in secure settings: I have continued to try to comprehend the lived experience of prisoners in these confined spaces. In my practice (and in this article) I continue to draw not only on some of the findings from my doctoral research but also on some reflections on the process of carrying out such an ethnography.

So what do we know about the experience of imprisonment? There is

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a wealth of studies of prisoners' culture and the psychological experience of confinement (Liebling & Maruna 2005). Research has explored what prisoners import with them into prison, the deprivations of the prison environment and the interaction between the individual and their environment (Toch, 1992). We know that prisoners import with them a range of psychological and social difficulties and that being in prison presents further challenges or 'pains of imprisonment', a term favoured by Gresham Sykes (1958) in his classic text *The Society of Captives*. Sykes identified these pervasive pains as the deprivations of liberty, goods and services, of contact with family and friends, of autonomy and of security.

Of course, while the pains of imprisonment are well documented, it is important to note by contrast that, for some people, imprisonment might feel like a relief from a difficult life outside and that some prisoners become attached to the prison. That said, a person's life outside prison must be very difficult, if prison, with its controls and deprivations, is preferable. And even if a person is more attached to the institution and has learned to navigate it, the experience of imprisonment is still full of difficulties.

In the prison, there are specific dangers, from increased prevalence of bullying and high rates of self-harm and self-inflicted deaths (Ireland 2002; Liebling, 2007). There are also more general difficulties: experiences of 'fear, anxiety, loneliness, trauma, depression, injustice, powerlessness, violence and uncertainty' have been identified as common to prison life (Liebling & Maruna, 2005, p.3).

Irving Goffman's classic study also reminds us of the profound impact that imprisonment can have on a person's basic identity: he describes the process of entering the 'total institution' as a 'mortification of the self' (Goffman 1961, p.25) and 'personal defacement' (p.29).

I too was interested in the entry point into custody and, in my ethnographic study, examined how young men adapted to the first month in custody. Some common themes emerged about their experience: a preoccupation with safety, a sense of losing control and freedom, feelings of uncertainty, and separation and loss. I interviewed the young men longitudinally after 3, 10 and 30 days in custody and found that the young men who had the most difficulty regulating

their emotions and had higher level of psychological distress after three days still found it most difficult to adapt to life in prison after 30 days as well.

In my study, the variables that significantly accounted for variance in psychological distress for people after three days in custody were their locus of control and their perceptions of their own adaptability. Their sense of safety also showed a significant correlation with their levels of distress. Individuals with an internal locus of control were able to find ways of achieving at least some sense of autonomy within this limiting environment, and did not feel completely determined by their experience. These young men were able to find jobs in prison or take up the education on offer. However, those who scored higher on an external locus of control were more distressed. Perceived adaptability, that is, the young men's own sense of whether or not they would be able to cope with prison life, also significantly predicted variance in psychological distress. Those who reported that they found it difficult to adapt to life in prison, or could not cope with the experience, were more distressed. Safety also appeared as an important variable. How safe a young person felt in this environment had profound implications for his wellbeing and ability to engage in interventions that were on offer. Such differences have

significance when thinking about what might be needed to help a prisoner along the journey of recovery.

Why, though, do we need this understanding of the experience of imprisonment as a prerequisite to our practice? First, there are ethical reasons for improving our knowledge of the pains of imprisonment and the process of adaptation. If we are not thinking fully about the painful nature of secure confinement, we are then not validating, or indeed are invalidating, the experience of the thousands of people who are locked in our prisons today.

Moreover, if we as practitioners do not place their experience at the centre of our thinking about psychological provision, then we are not going to contribute to the amelioration of the potential harmful effects of

Meet the author

'My own interest in tracing the experience of imprisonment stems from time spent as a criminologist and prison ethnographer, before I trained and worked as a clinical psychologist in forensic settings. The practice of ethnography, which was developed by social anthropologists, involves spending time with a group of people in order to understand their experience.'

I now firmly believe that ethnographic processes of understanding prisoners' experience will be useful for improving psychological practice with them.'



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imprisonment. The daily experience of life in prison should be considered throughout our assessments, formulations, interventions, evaluation, audit and research, training and consultation. Recognising the pains of imprisonment would ensure that we tailor our services to the needs of prisoners and to the amelioration of the pains of imprisonment. Consider the construct of psychological distress, and my measure of it in my past study. Can conventional, standardised notions of depression or anxiety aptly capture psychological pain that might be, in some part, induced by the prison itself?

When developing therapy provision in prison (Harvey & Smedley, 2010), context should be uppermost in the mind of the applied psychologist. If we were to focus solely on the delivery of specific interventions for specific psychological difficulties, then we might risk our interventions being too atomised and attending to individual factors at the expense of attending to systemic factors. A detailed exploration of the pains of imprisonment should be routine practice. Such a contextual understanding of the client's current experience might also inform interventions focused on specific offences. For example, the first place to start might be on helping prisoners cope with being locked up and separated from loved ones, before considering their offence. We might even ask whether we should be offering more interventions that centre on coping with imprisonment, alongside offence-focused work?

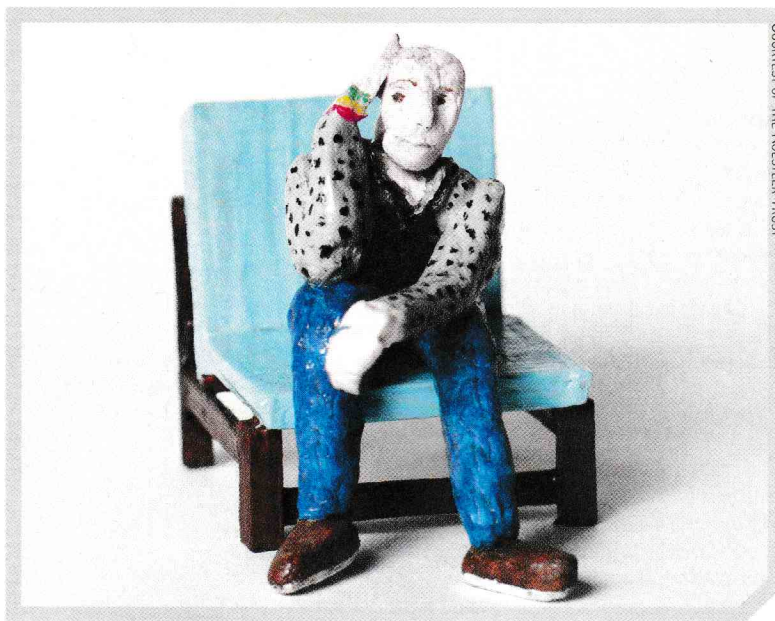
Finally, we might recognise that the

"A detailed exploration of the pains of imprisonment should be routine practice"

very environment where psychological provision is being offered has the potential to do harm. We need to ensure that we deliver interventions that are safe and bear in mind individuals' responses to imprisonment. For instance, there are significant ethical and practical challenges in carrying out trauma-focused work in an environment that might be perpetuating the trauma. How do we ensure that the client is able to cope following a psychology session when they then might be locked up for a substantial period of time? Moreover, we might make more central to our practice the task of working closely with prison staff to help staff understand how an individual's presentation might result from what the individual has brought with them into the prison, so pre-existing vulnerabilities, but also how the environment itself interacts with the individual.

But how, in practice, could we go about understanding the pains of imprisonment, or making them more central to our work? First, we might think differently about preparing psychologists for work in prisons. Induction programmes for new staff could include time to focus explicitly on the effects of imprisonment. Such programmes could make time to think about the psychological effects of imprisonment for prisoners, but to consider the impact on the psychologist too. It might be useful for some of the findings on the effects of imprisonment to be shared. Importantly, it might be useful for former or current prisoners to talk about their experience, although this would require careful thought in order to ensure that the space felt safe and contained. Likewise, it is important for psychologists to be oriented to the demands in the role when working in prisons and for there to be a space to allow new psychologists the opportunity to voice their hopes and fears and to be offered support. Of course, the role of ongoing clinical supervision is also paramount.

Second, I am wondering whether it



Therapy Chair, HM Prison Grendon

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would be useful to borrow some of the methods of ethnographic research for use in psychological practice. As mentioned above, at the heart of ethnography is the attempt to understand and learn from the particular group of people. Could psychologists from time-to-time adopt the role of the 'participant-observer' and be freed from routine assessments and interventions, actively to observe and reflect on micro-moments of prison life, as an ethnographer might? This could yield useful reflections that might be helpful for practice. Psychologists, normally presenting themselves as

"how, in practice, could we go about understanding the pains of imprisonment?"

'scientist-practitioners', could develop themselves also as 'ethnographic practitioners' when working in prisons – or indeed in other social contexts – and have at least some time to use the method of ethnography in their practice (Harvey 2015). Such moments could include shadowing staff, carrying out detailed observations of social interactions on the wing, attending adjudication meetings, spending time in different areas of the prison and absorbing and making sense of the culture.

For example, when I carried out my ethnographic study at HMYOI Feltham, I was able to walk around the prison and observe what was going on without being there as a practitioner with tasks to do. I was able to spend time in the visits hall and observe the young people before, during and after visits. This gave me some insight into the complex emotional experience of a visit and the ways that emotions shift during this process.

Learning from such observations could be a useful complement to hearing clients' reflecting on their responses to visits in a psychology session. When a prisoner says that he no longer wants his loved ones to visit, say, a psychologist would be better attuned to what might prompt such an assertion.

Finally, in our practice, we might consider the 'pain quotient' which has been conceptualised by O'Donnell (2014, and this issue, p.184) in his writing on the experience of long-term prisoners. He identifies two variables that affect this quotient: the time the person

has left to serve in prison and the likely lifespan remaining to a person of this age after the sentence. I think a broader conceptualisation of the 'pain quotient' could be useful when working clinically with prisoners to ensure we are thinking about their level of potential pain, as it might inform our contextual understanding of their experience. Of course, prisoners vary in length of sentence, and their age, but they also vary in the personal and social resources they bring with them into the prison. Such personal and social resources could impact upon the level of pain experienced. Furthermore, we know that prisons themselves vary in their 'quality of life' (Liebling, 2004), and some prisons might be experienced as more painful than others. It would be useful to measure pain at both an individual and prison community level, and consider the interaction between the two. Perhaps we need to capture the notion of pain in those micro-interactions, and an ethnographic approach might help us do so. Through developing such a detailed 'thick description' of the prison, we could then develop deeply contextualised interventions aimed at reducing the experience of pain.

Of course any such work in assessing and formulating the prison, as well as the prisoner, is limited by the finite resource of time; but such time could be useful if reflections from these observations and interactions were fed back to inform practice. Considering the prisoners' experience with an ethnographic attitude could open up different avenues of discourse with our clients, and help us to develop psychological services that are truly attuned to their needs.



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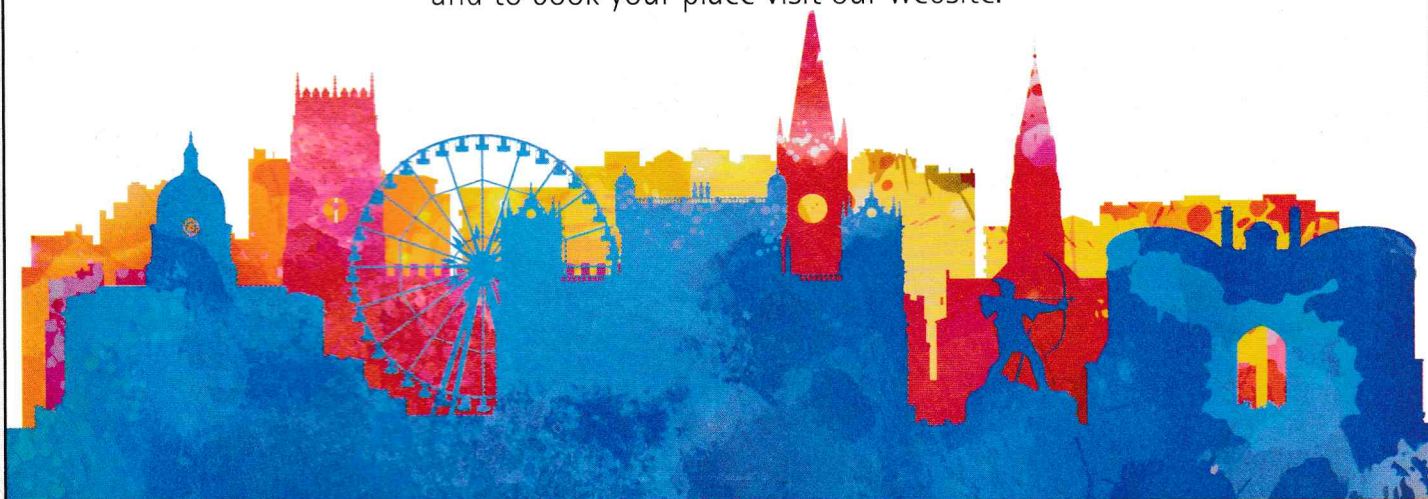
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Letting in the light

Image by George Harding. Words by Victoria Tischler

On The Grove in Stratford, past the fried chicken and betting shops, you'll find an installation shining bright during the cold wintry months. Ten double-sided lightboxes reaching over 2m high, stand where market stalls usually trade. Lit up 24 hours a day, they command attention, beckoning curious commuters, locals and visitors.

Letting in the Light features the illuminated work of 35 artists, all of whom have experience of mental health issues. They were amongst 150 who applied to an open call. The project, a collaboration between Dr Bobby Baker's pioneering Stratford-based arts organisation Daily Life Ltd, the Bethlem Gallery, and Outside In aims to showcase extraordinary artwork and to lighten up the darkness some feel at what can be a bleak time of year.

As Bobby Baker says, 'When I had serious mental health problems I was mostly judged and underestimated, but when people see the autobiographical drawings I made during that time it helps change the way they think about mental health. ... Artists like us, with unique experiences, can create work that enlightens and delights people.'

As a Chartered Psychologist and Curator at Daily Life Ltd, I am struck by how the project invites us to reconsider our preconceptions about mental health. As one of the exhibiting artists states: 'This piece symbolises that there is a way out of the depth of despair into the world above, where there is light and hope.'

George Harding

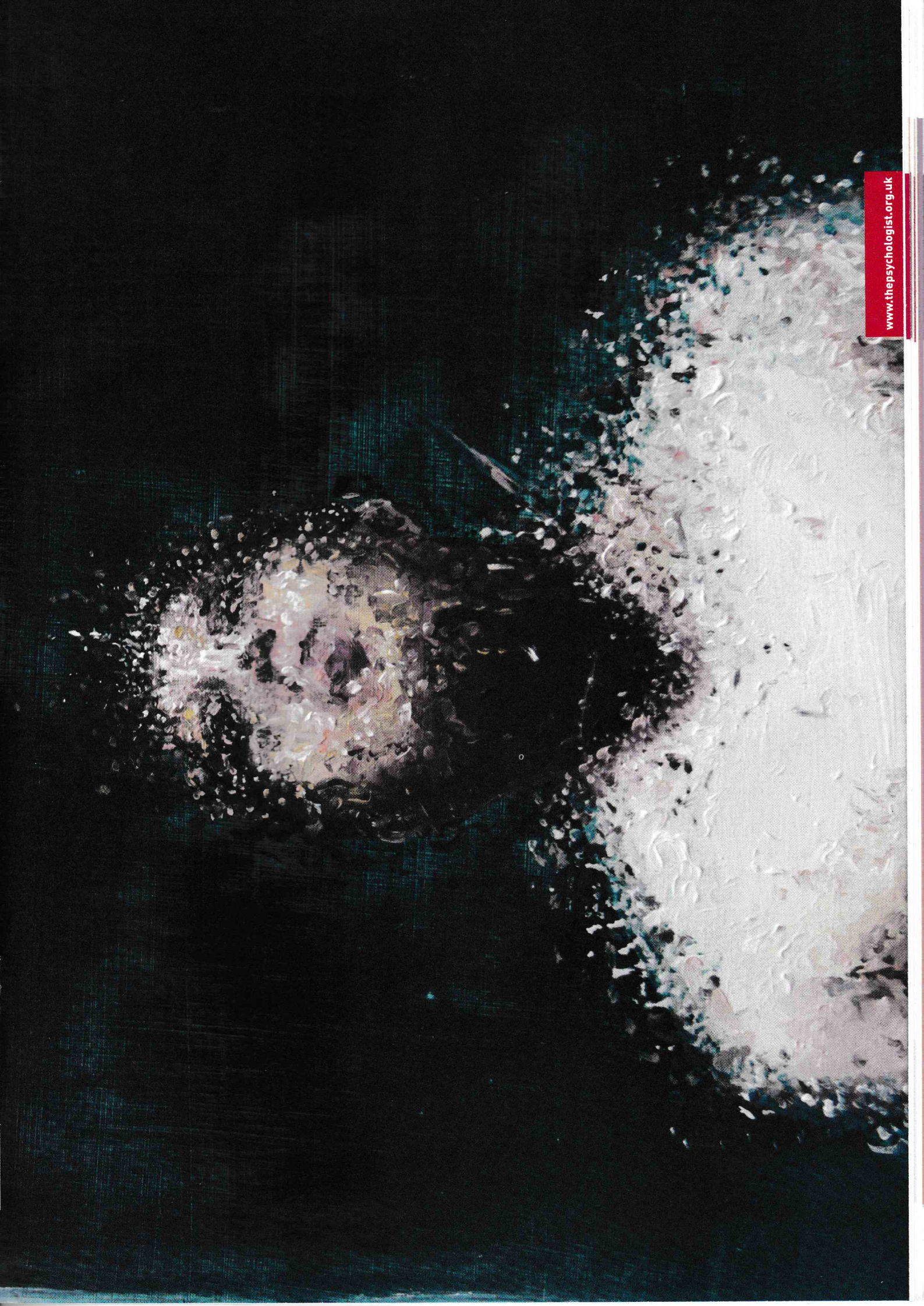
Alignment

'This piece explores the self and fragmentation of the figure to an outside source. To me they show a desire to go beyond the real and to be part of a wider sphere that can't be described. I am exploring this through meditation but also through paint. The image was made by taking photographs in the mist of mirrors after a shower which are then painted to colour and light through pointillism and blurring.

Alignment sits in the collection of Bethlem Museum of the Mind'.

The exhibition runs until 24 March 2016

For more information see www.dailylifeld.co.uk/daily-life-ltd-present-letting-in-the-light/ or contact



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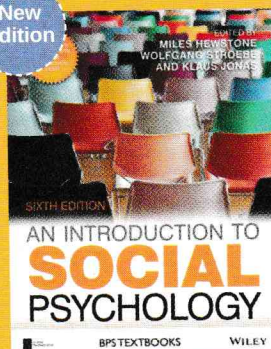
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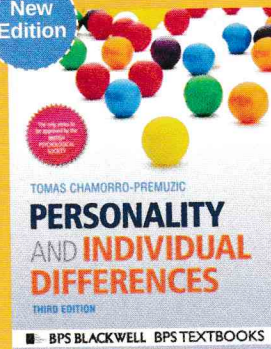
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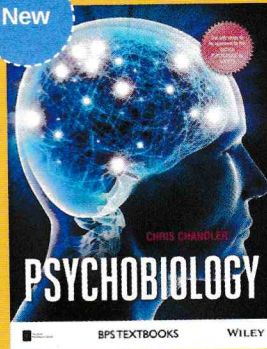
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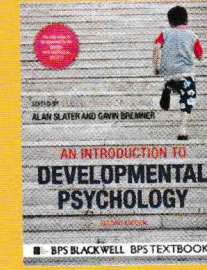
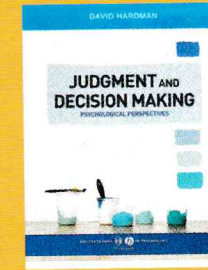
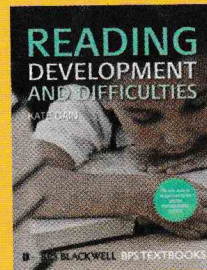
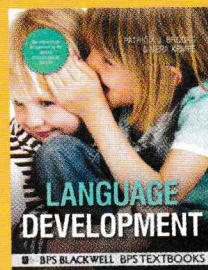
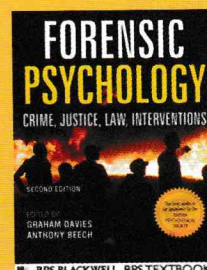
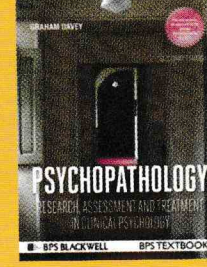
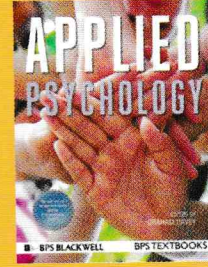
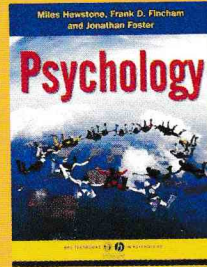
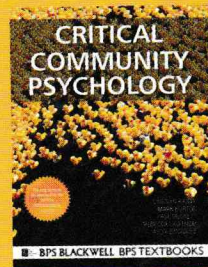
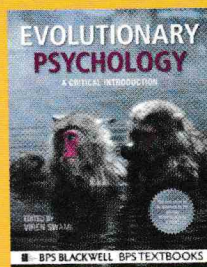
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'Tears were and still are crucial for our functioning'

Ad Vingerhoets speaks to Gail Kinman

You have gained an international reputation for your research on crying. What first got you interested?

It was by accident really. I had just completed my PhD on stress and became involved in an international study on emotions. At a party, somebody asked me whether I thought crying was healthy. I had no idea, but thought it was a very interesting question. In spite of crying being a universal expression of human emotion, I found that very few studies had been conducted on the topic. Some of my students overheard me talking about the lack of research on crying and were keen to help me fill the gap. I started doing several small studies on crying alongside the other research I was working on, but my subsequent move to Tilburg University allowed me more freedom to follow my own research interests. My research on crying started nearly 30 years ago, but the topic still intrigues me and there are still many questions that remain unanswered.

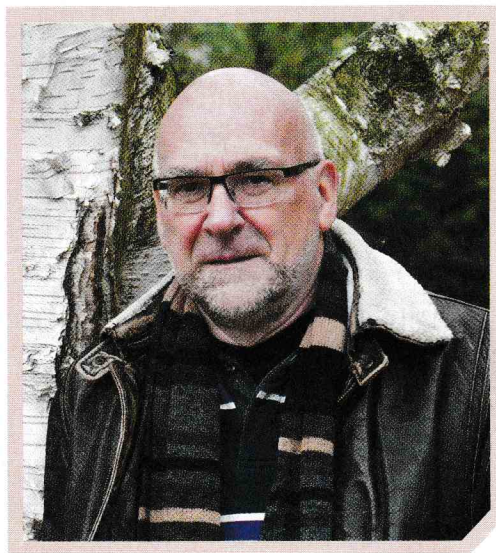
Your early research aimed to identify the antecedents and outcomes of crying and develop measures. How did you do this?

At the time we started our research, no measures of crying were in existence. I got frustrated by the enormous number of measures of psychological concepts that are available – for example, almost everybody seems to have their own measure of stress and coping! Using scales that have been translated into different languages and validated with different cultural groups is much more powerful. An important aim of my initial study therefore was to develop measures that could be used by researchers from different countries with an interest in crying. We obtained data from more than 5500 participants in 37 countries. We asked participants a series of questions about the last time they cried – What happened? Where were you? What time of day was it? Who were you

with? Who was responsible for making you cry? Which emotions did you feel? How did other people react? We differentiated between crying frequency (how often people cry) and proneness (the type of events and emotions that are likely to induce crying). We gained a great deal of valuable information that informed our subsequent research.

Why was it so important to make the distinction between crying proneness and the frequency of crying?

Crying frequency is highly dependent on environmental factors, as people may consciously avoid or seek out situations that are likely to make them cry, such as



Ad Vingerhoets, Professor of Clinical Psychology (Emotions and Wellbeing), Tilburg University, The Netherlands
www.advingerhoets.com

sentimental movies or listening to music that engenders feelings of sadness. On the other hand, crying proneness appears to be a more stable characteristic. Our research with monozygotic and dizygotic twins indicates that this is more strongly determined by genetic factors than crying frequency. Crying proneness is also more

complex: we have found that it has four dimensions – attachment tears, societal tears, sentimental/moral tears, and compassionate tears.

You found that people cry in response to a wide range of emotional triggers – what are the most common reasons?

We are most likely to cry in response to feelings of helplessness and hopelessness. Crying is a social trigger for empathy – a communication system that signals to others 'I need your help and support'. There may be an element of sadness along with the feelings of helplessness – indeed the loss of or separation from loved ones, such as through death and divorce or in homesickness, are among the strongest triggers of crying. Interestingly, our research has found major differences in the situations that people *think* are most likely to make them cry and the actual reason for their last crying episode.

The circumstances that people typically associate with crying are related to loss, physical pain and watching sad movies, but people also commonly said that they were likely to cry in response to more positive factors such as weddings, reunions and music. Our findings indicated, however, that the most frequent elicitors of tears are related to conflict, rejection, criticism and minor failure. There are also some gender and age differences. Women often cry as a reaction to feelings of frustration or anger that they may not consider appropriate to express publicly, so they react with helplessness ... and then the tears come. We found that women also cry in response to minor, everyday problems such as a broken-down car, a computer crash and, in particular, interpersonal conflicts (during which they experience a powerless anger). These are all situations that tend to make males swear. Feelings of loss and powerlessness remain important causes of tearfulness throughout the lifespan, and older adults additionally cry relatively often in relation to experiences that give their lives depth and meaning.

If crying is mainly a reaction to feelings of loss and helplessness, why do we cry when we are happy?

Initially, this was a very difficult question to answer. We now think that people cry in response to positive emotional events, but the experience will simultaneously invoke more negative emotions. For example, somebody may cry during a reunion with a loved one; on the surface it is a happy event, but they may also remember how much they missed the other person. This effect is well illustrated by the case of a famous Dutch

horsewoman who won a gold medal at the Olympic Games in Athens. She cried inconsolably during the award ceremony and later explained that she felt sad that her recently deceased father was not there to witness her success.

An alternative explanation for 'happy tears' is that people may feel overwhelmed by positive emotions and don't know how to express themselves appropriately; so they cry. Neither of these explanations supports the notion that people cry because they are happy.

People may also cry in response to the pain or distress of others. What is known about the links between empathy and crying?

It is common for people to feel emotionally moved by the tears of others. People who score more highly on measures of empathy are particularly likely to cry in response to other people's tears. More empathic people tend to be drawn to the helping professions and are exposed to human distress more frequently than in most other types of work, but very little attention has been given to their own experiences of crying. I am currently researching crying among doctors, nurses and psychotherapists, with a particular focus on crying in the presence of a patient or client. How often does it happen? Is it considered ethical? How do others respond to them if and when they cry? There is evidence that nurses are less likely to see crying at work as unprofessional, but we are also interested in attitudes towards crying among doctors, as displays of emotion in front of patients may be considered particularly unprofessional and may be perceived by others to increase the risk of burnout in the future. We found that doctors and the general public do not differ greatly in their attitudes towards shedding tears in the presence of a patient. A considerable proportion of both groups is very positive about doctors crying, because it reflects empathy and a feeling of connectedness with the patient, a significant minority saw it as unprofessional. However, they do not go so far as to consider a crying doctor as not fit for the job.

People often say they feel better after a good cry. To what extent is crying cathartic and healthy?

It is a common lay belief, also shared by mental health professionals, that suppressing tears can damage the mind and the body. My research shows that most people see crying as beneficial in

general but, when asked to reflect on their most recent crying episode, they are far less likely to report a positive change in mood – some may even experience deterioration in mood. First, you need to be in a good emotional shape to benefit from crying. Second, negative outcomes are particularly likely if a person is crying in response to an uncontrollable situation, such as the loss of a loved one, whereas a conflict situation, which can be manipulated or controlled, may have more positive effects.

Another determining factor is how others react to a crying person. In general, people feel sympathetic towards somebody who is in tears and may

respond with understanding and support. On the other hand, if people react with disapproval or if they ignore the crying person, an improvement in mood is unlikely. Wherever

possible, people prefer to cry in the presence of an attachment figure, such as their mother or their romantic partner, and will often try to hold back the tears until they are in their presence. Crying has been described as an 'acoustical umbilical cord' – an attachment behaviour designed to guarantee the proximity of the caregiver, and this behaviour is reinforced and maintained over the lifespan.

You have mentioned the impact of genetic factors on crying proneness. What about the role of conditioning? How might this predict the propensity to cry in certain situations?

Crying should not be seen as a reflex, but as a behaviour in its own right and, as such, it will obey the laws of operant and classical conditioning. Frequent crying in children is often a response to adult attention, and such behaviour can be hard to extinguish. Although there is evidence that crying proneness is to some extent genetically determined, we have more control over our tears than we may be aware of. Attitudes towards the expression and suppression of tears vary according to culture: some Indian tribes use crying as a greeting ritual instead of shaking hands, and ritual weeping can stimulate feelings of mutual connectedness during times of adversity and conflict.

Attitudes to crying have also changed over time; in medieval Europe, public weeping was the norm for the lower social strata and, during the age of sentimentalism, philosophers such as Voltaire and Rousseau also cried openly.

During the Victorian era, however, crying was seen as a sign of womanly weakness and subject to social disapproval, but attitudes are changing and a recent study showed that the majority of men in the UK today are comfortable showing their emotions. It is now extremely common for athletes to cry publicly – whether they have won or lost

In my own research on women's experiences of crying at work I found that most interviewees had experiences of working with people who they believed had used tears for manipulation or gain. You have written about 'crocodile tears'. How easy is it for people to fake them?

If you challenged me to cry now I could probably do so, but I would do it by remembering a sad situation I had experienced. This means that my tears are real, but the emotional response is not appropriate for the context. Actors have told me that they consciously store emotional responses to real-life situations in their memory and draw on them when they need to portray specific emotions. Some personality variables such as neuroticism and narcissism have been associated with the use of tears as a way of manipulating other people to achieve an objective. Also, people with psychopathic and sociopathic tendencies tend to be particularly adept at producing crocodile tears.

What are you working on at the moment?

My team and I are working on several exciting studies. Research we conducted a few years ago used pictures of crying individuals where their tears had been digitally removed or added. We found that tears elicit strong social bonding reactions, and people feel much more inclined to help those who are visibly producing them. Crying faces without tears led to confusion about the emotional state of the individual, whereas visible tears typically engendered feelings of empathy and connectedness and enhanced participants' willingness to provide support.

We then extended this research by including some contextual information about why people were crying. Participants were told that the photographs were of people who had been found guilty of a crime – murder, drug trafficking, a crime of passion and drunk-driving. In conditions where tears were present in the photographs, convicts were rated as being more reliable, trustworthy and remorseful. We also asked participants how they wanted to

punish these hypothetical people; to our surprise we found few significant differences in the severity of punishment recommended, but in the drink-driving condition people who were visibly crying would be treated less harshly. It is difficult to interpret these findings, but perhaps if people see no bad intention in the crime, tears are more powerful, whereas in the other situations they are maybe more likely considered as crocodile tears to manipulate the judge. We are working on a new study that examines the impact of tears on attitudes towards less serious transgressions that vary in intentionality, such as minor fraud, borrowing money without paying it back and breaking other people's valuable possessions accidentally.

I am also collaborating with researchers from Croatia on research exploring the extent to which crying brings relief. We exposed participants to a sad movie and compared the mood of those who cried and those who did not at several time points. Supporting previous findings, people who cried immediately after the movie felt worse than those who did not. The novel aspect of the research, however, was that we found support for the longer-term benefits of crying, as mood was significantly more positive 90

minutes after the film than at baseline (before the film).

Another intriguing study that is under way is an examination of the neurobiological mechanisms that underpin relief after crying: possibly by stimulation of the parasympathetic nervous system that facilitates relaxation, or the release of neurochemicals such as endorphins and oxytocin which also facilitate bonding. In order to explore whether crying has an impact on pain tolerance, we are exposing people to sad movies to make them cry, while measuring their pain tolerance as well as their mood. We also conducted three studies with nearly 300 participants in an attempt to replicate and extend an Israeli study which suggested that fresh female tears might contain a substance that has a dampening effect on the sexual arousal of men. However, we were not able to find any such effects.

You have recently called for multidisciplinary research in order to provide further insight into crying. Where do your priorities lie?

I recognise my own limitations and multidisciplinary research can help us understand more about what crying tells

us about human nature. I wish to collaborate not only with social, cultural and developmental psychologists, but also with psychiatrists, neurobiologists, evolutionary biologists and anthropologists. The developmental aspects of crying are particularly intriguing as, to some extent, it follows normal social and emotional maturational patterns. For example, when a child develops fear of strangers, encounters with unfamiliar people will make them cry; and when a child develops the ability to experience guilt and empathy, then these emotions can make them cry. There are, however, some areas of development where a cognitive-emotional explanation is less persuasive, especially in relation to sentimental types of tears. Insight into the association between crying related to self-sacrifice and other altruistic acts and the intensification of social bonds is likely to tell us a great deal about how empathy, morality and altruism develop. Much of my future research will aim to further understand the social functions of crying. Darwin described emotional tears literally as purposeless – it is my challenge to prove that Darwin was wrong in this respect and that tears were and still are crucial for our social and moral functioning.



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A Guest Consultant Editor will not be allocated a test in which they have any commercial interest either as a producer or a competitor.

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If you are interested in the role, please contact Ayshea King ayshea.king@bps.org.uk to request a 'Statement of Interest Form', which you will need to complete and return along with a copy of your C.V. by 30 April.

For more information about the test review process, please see the 'Test registration and test reviews' section on the PTC website, www.psychtesting.org.uk.

New frontiers of family

Naomi Moller and Victoria Clarke explore embryo donation and voluntary childlessness, ahead of their Society seminar series

March sees the first of four seminars on 'New Frontiers of Family', a British Psychological Society sponsored series that aims to examine the psychological implications of emerging forms of family in the UK – those beyond genetic relatedness, and those beyond the nuclear family. As two of the series organisers, we here explore two topics: conception through embryo donation and voluntary childlessness, both of which are highly topical in the context of declining birth rates and increases in the use of assisted reproduction in Britain. We provide an overview of the research, as well as the limitations of the current evidence base.

Embryo donation for family building

Advances in assisted fertility are creating new ways to have children that challenge conventional understandings of family (Cahn, 2014). One such pathway involves individuals donating 'left over' embryos from in vitro fertilisation (IVF) to others struggling with infertility. This is a controversial practice and is banned in some countries, including Denmark, Israel, Turkey, Norway and Japan. For example, the Japanese Society of Obstetrics and Gynecology 'prohibits embryo donation to other infertile persons or couples since it causes confusion in parent-child relationship and the child's welfare needs to be most prioritized' (Takahashi et al., 2012, p.1).

Embryo donation is allowed in the

UK, and children have been born here through embryo donation (ED) for family building since at least 1992, when records were first kept. Up to 2009, 1218 children had been born through ED (Human Fertilization and Embryology Authority [HFEA], 2012: see tinyurl.com/htvb45k). This figure does not include children born earlier or through ED outside of the UK, for example, through 'infertility tourism'. The number of families impacted by ED continues to grow both in the UK and internationally, and there is significant potential for further growth given the continuing rise in the number of embryos in cryogenic storage (in the UK alone up to over 60,000, according to information obtained from the HFEA under a Freedom of Information request) and the fact that ED is cheaper than, and

as effective as, IVF using a couple's own material or donated eggs (Keenan et al., 2012).

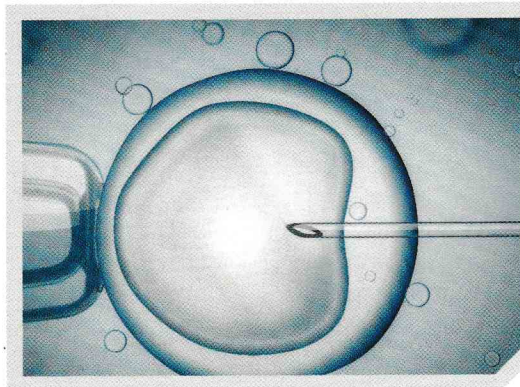
Despite the fact that ED has been used to create families for over 20 years in Britain, it is much less studied than sperm or egg donation. This may partly reflect the relative recency of ED, but also the assumption that ED and gamete donation are experientially equivalent. This assumption is questionable, however, given the fact that both embryo donors and their children will have a genetic relationship to the ED-conceived child, while the recipient parents will not. This is in contrast to gamete donation, where the genetic material of at least one intended parent is typically used (along with either donated eggs or sperm). It has been suggested that in some ways ED is closer to adoption than it is to gamete donation (Kirkman, 2003; Nordqvist & Smart, 2014).

Reviewing the limited literature on ED suggests a number of potentially complex and contested issues for ED donor and recipient families, as well as for ED policy and practice.

Embryo disposition

The biggest focus in the ED research literature is how potential donors decide what to do with their frozen embryos

(e.g. Lyster et al., 2010). This is something that reflects the increasing practical and ethical concerns being voiced about the numbers of embryos in cryogenic storage internationally (e.g. Fuscaldo & Savulescu, 2005). In Britain frozen embryos can be stored for up to 10 years (Human Fertilisation and Embryology Act 1990); after this arguably arbitrary time period, embryos must be discarded or donated for research or family building. Research suggests that IVF-treated individuals and couples find decisions about the disposition of embryos very



Advances in assisted fertility are creating new ways to have children

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challenging (Paul et al., 2010). Perhaps as a result, the decision to donate for family building tends to be the least favoured option, with potential donors often favouring disposal of their embryos or, when this is an option, donation for research (Lyerly et al., 2010). Research also suggests that decisions around embryo donation for family building are complicated by the extent to which potential donors consider their embryos in terms of genetic lineage (e.g. Nachtigall et al., 2005). In addition, while for some potential donors the genetic link acts as an argument against donation, for others, the perception of this link creates the argument for donation (Blyth et al., 2011).

Directed or conditional donation is where the donors agree to donate their embryos to an infertile individual or couple based on criteria they decide. The experience of directed donation is under-researched (Frith et al., 2011). However, the practice is allowed in the UK if the conditions specified do not pertain to characteristics protected by the 2010 Equality Act (HFEA, 2011; see tinyurl.com/z99gm92). For example, donors cannot specify a heterosexual recipient but can specify a married one. Directed donation has been advocated as a means to increase ED for family building, based on research with potential donors (e.g. Fuscaldo et al., 2007). Potential donors who conceptualise their embryos in terms of 'virtual children' may favour directed donation because it offers some control over who may receive their embryo, but the practice has raised concerns on ethical grounds since it may lead to some categories of potential ED recipients (e.g. single people) being excluded (see Frith & Blyth, 2013).

Donor anonymity

There are different policies internationally on issues of ED anonymity but broadly there is a move to openness (despite concern about potential negative impacts on the willingness of potential donors), based on health grounds in relation to

hereditary conditions and/or child rights arguments about the right to know (Hamberger et al., 2006). In the UK the law changed to prevent anonymous donation in 2005 but thus far little is known about the impact of shifting policies around anonymity on ED donor and recipient families. In addition, it is not known how donors and recipients feel about the fact that ED in the UK is required to be anonymous until the ED-origin child has reached 18, which prevents contact between donating and recipient families before then. This is in contrast with British adoption practice that increasingly encourages contact in childhood on the grounds that it promotes child wellbeing (Triseliotis, 2011). It is also in contrast to practice in other countries, such as New Zealand, in which potential donors and recipients are required to meet and negotiate future contact before ED is allowed to proceed (Goedeke et al., 2015).

Disclosure

The UK policy context encourages parents to tell donor-conceived children about their origins, based on evidence from adoption and on the perspectives of donor-conceived people (Blyth et al., 2012). However, the limited research conducted in the UK suggests that ED recipient parents tend to prefer not to disclose donor conception to their ED-origin child (MacCallum & Golombok, 2007; MacCallum & Keeley, 2012). In addition, research suggests that ED donors and recipients may vary in their perspectives on disclosure (Söderström-Anttila et al., 2001). Research on other forms of assisted

Meet the authors

'For both of us the topics in this article have personal resonance and reflect projects we are working on together. Victoria does not have children; two of Naomi's three children are the product of the same round of IVF (conceived at the same time but born more than four years apart).

Our main aim when organising the BPS-sponsored *New Frontiers of Family* seminar series with our colleagues (Fiona Tasker, Birkbeck, University of London, and Nikki Hayfield, University of the West of England), and when writing this article, was to encourage psychologists to think about the psychological implications of emerging family forms.'

To register for the free one-day seminars on 18 March, 20 April, 11 May and 7 June, see www.open.ac.uk/ccig/events/new-frontiers-of-family



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reproduction suggest that parents may fail to disclose in part due to concern about the impact on relationships in the recipient family, and the wellbeing of the donor-conceived child (Blyth et al., 2010). Non-disclosure may thus be motivated by the belief that a 'genetic family' identity protects family and child wellbeing. However, it is not clear how well these findings translate to ED recipient experience; it is also not clear how disclosure of family involvement in ED impacts donor families.

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Child wellbeing

ED is a topic that evokes legal, moral, ethical and religious concerns (e.g. Khodaparast et al., 2011; MacCallum & Widdows, 2012). Perhaps for this reason research has examined whether children born as a result of ED suffer adverse outcomes (e.g. UK studies by MacCallum et al., 2007; MacCallum & Keeley, 2008). This research finds no evidence of adverse outcome, in line with similar research on other forms of donor conception (Golombok, 2013, 2015; Golombok & Tasker, 2015). However, to date there have been just a handful of studies focused on ED child and family outcomes: there is a need for larger studies and longer-term follow-up.

Family identity

The cultural focus on genetic ties in families means that ED may present particular challenges for impacted families. This may explain why ED is sometimes framed as less preferable than forms of donation that perpetuate a genetic link for at least one partner. Indeed, ED has been recommended for those who are unable to use gamete donation as a means of family building (Lindheim & Sauer, 1999). A growing body of research on egg and sperm donation has examined how recipient families and donor-conceived children understand kinship (e.g. Nordqvist & Smart, 2014; Thompson, 2001). Sometimes this work includes participants who have engaged in ED (e.g. Kirkman, 2003; 2008). This research suggests that ED families will face challenges because they disrupt the assumption of genetic connectedness between family members, and that achieving a family identity could require denying the origins of ED children. For example, in a synthesis of 25 qualitative studies on donor-conceived families, Wyverkens et al. (2014) found that in order to facilitate their experience of 'normative' family, 'parents tend to "erase" the donor in their family constellation' (p.14). A UK study of ED recipient

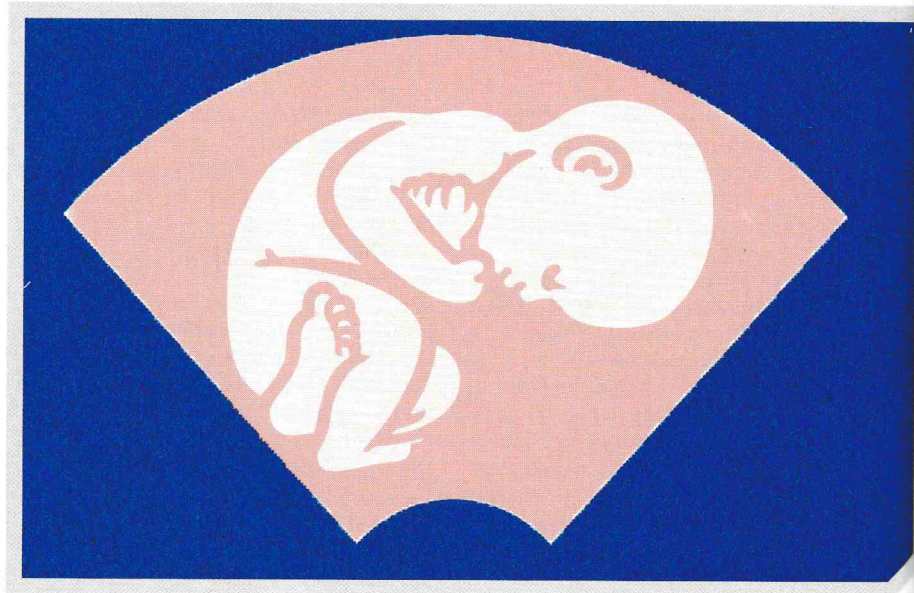
parents who had conceived prior to 2005 (i.e. under conditions of donor anonymity) found that in comparison with parents who had adopted children, the ED parents did not place much significance on the ED donors, seeing them as relatively unimportant to their family life (MacCallum, 2009). In contrast, recent research from New Zealand, in a cultural and legislative context for ED that encourages disclosure and open communication between donor and recipient families, found that both donors and recipients drew on constructs of extended family to describe and make sense of their relations with each other, simultaneously placing emphasis on the importance of genetic links (Goedeke et al., 2015).

In summary, the growing research base for ED is expanding our understanding of this phenomenon, but there is still much more to discover about how ED impacts both donor and recipient families, as well as how ED potentially expands our understanding of family and kinship. Research is ethically important because ED families continue to be created in the UK while, for the moment at least, 'the implications for future generations may be uncertain' (Goedeke et al., 2015, p.2348).

Choosing to be childfree

Childlessness is increasingly common in Western countries, and the UK has one of the highest rates of childlessness in Europe (Tanturri et al., 2015). One type of childlessness is voluntary childlessness, marked by an active and permanent decision not to parent. This particular type of childlessness is also on the rise, both in absolute terms and as a proportion of the wider childless population (Basten, 2009). The phenomena of voluntary childlessness first entered the public consciousness in the 1970s with the publication of *The Baby Trap* by the feminist writer and activist Ellen Peck and the establishment of organisations like the National Organisation for Nonparents (NON) in the US. Peck and other members of NON used the term 'childfree' to reject notions of an absence or lack implied by the term childless.

There has been a resurgence of the childfree movement in the last decade or so, and the development of 'childfree' as a social identity, particularly in the context of online social networks (Moore, 2014). In addition, numerous autobiographical, often self-published, books celebrate (and defend) the childfree choice, and offer guidance to childfree women and



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(heterosexual) couples. Media coverage highlights the contested nature of the childfree choice, and the strong emotions expressed by parents and nonparents alike (Giles et al., 2009). Indeed, research on social perceptions of childfree women has found clear evidence of stigmatisation, with childfree women perceived as, among other things, deviant, emotionally unstable, unfeminine, unnatural, unhappy, immature and selfish (e.g. Rich et al., 2011). Such negative perceptions are argued to reflect a pronatalist social ideology and the assumption that having children is a natural human instinct, something deeply fulfilling and essential for human happiness and a meaningful life, and a marker of both a successful adulthood and an appropriate gender identity. Some researchers have argued that this is better thought of as 'coercive pronatalism' because historically only some groups have been encouraged and expected to reproduce – the most socially privileged – while the reproductive freedoms of other women (those who are too poor, young, old, non-white, or disabled, among others) have been curtailed and controlled; the less privileged have been actively discouraged from procreation (Morison et al., 2015).

Unsurprisingly, as the childfree population has become both larger and more socially prominent, psychologists, sociologists, demographers and gerontologists, among others, have been increasingly interested in who chooses to be childfree and why they do so, and – more recently – the consequences of the childfree choice. Early research on pathways to voluntary childlessness distinguished between 'perpetual postponers', women who arrive at voluntary childlessness through a series of postponements, and 'early articulators', women who express an intention to remain childless early in life (Houseknecht, 1987). More recent, particularly qualitative, research, has

problematised this distinction, finding that many women, even those who might be classed as early articulators, don't view the choice to be childfree as a one-off, decontextualised decision: rather the decision is made and remade across the life-course and in relation to changing circumstances (DeLyser, 2012).

Furthermore, the authors of a recent discursive study (Morison et al., 2015) have argued that the fact that some women (and men) position themselves as 'naturally childfree' – through describing their childlessness as innate and immutable, fixed at birth (born that way) – can be understood as a strategy for managing the stigma of voluntary childlessness, through disavowing choice and minimising their responsibility for their child-freedom. Their childlessness 'just is'. This gels with the earlier argument of Houseknecht (1987, p.316) that women and men rationalise their decision to be childfree by drawing on 'an acceptable vocabulary of motives previously established by the historical epoch and the social structure in which one lives'. Thus, the stigma of chosen childlessness frames even how people explain their 'decision' to be childfree.

Most voluntary childlessness research to date has concentrated on women – a focus that arguably reflects the notion that women hold social responsibility for

both reproduction and reproductive decision making (Almeling & Waggoner, 2013). Furthermore, research has been limited to a focus on heterosexual

women and couples. Voluntary childlessness researchers seem to have assumed that non-heterosexuals do not make reproductive decisions, or perhaps that their childlessness is explained by their sexuality and their perceived rejection of traditional gender roles. However, research on parental decision making clearly shows that non-heterosexuals actively engage in

reproductive decision making (Mezey, 2012). At the same time, lesbian, gay, bisexual and trans (LGBT) psychologists with an interest in family have focused their attention on same-sex and trans parenting and particularly on outcomes for children. Indeed, even research on 'families of choice' in queer communities, kin-like networks of relationships based on friendship and commitments 'beyond blood', has focused on parenting rather than childlessness, with two landmark texts dedicating an entire chapter to parenting, but not having an index entry for childlessness (Weeks et al., 2001; Weston, 1991). Thus we know virtually nothing about the meaning and experience of child-freedom for a population the majority of which remains childfree (Mezey, 2012).

With regard to the factors that best explain why people choose child-freedom, in a landmark paper in 1973 Veevers argued that socio-demographic factors such as birth order, family size, mother's employment and perceptions of parents' marital happiness can explain a predisposition toward voluntary childlessness. Since then, research has sought to identify the sociodemographic factors that predispose women and, to a lesser extent, men to voluntary childlessness, and it is widely agreed that education levels, occupational status and income are important, with the white, middle-class, highly educated professional the quintessential childfree woman. Psychologists have unsurprisingly been more interested in the personality factors that predispose someone to voluntary childlessness. Some research has shown that women who are voluntarily childless are more masculine and less traditional in their gender roles (e.g. Baber & Dreyer, 1986). Such findings are perhaps reflective of a social equation of motherhood and femininity, and a phenomenon described as the 'motherhood imperative' (Giles et al., 2009) – the social expectation that all (feminine) women naturally desire motherhood.

"There has been a resurgence of the childfree movement"

278–287.

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Qualitative research has tended to offer a more nuanced view on both sociodemographic and personality factors – showing that, for example, although childfree women are often highly qualified, their career is not central to their sense of identity: instead early retirement is a popular aspiration (McAllister & Clarke, 1998). Furthermore, feminist research has theorised child-freedom as a radical rejection of motherhood as the normative marker of femininity, rather than as a failure of femininity.

Consequences of childlessness

As well as exploring pathways to and reasons for child-freedom, research has also examined the consequences of this choice; how people 'live out' voluntarily childlessness across the lifespan. Research on the elderly childfree often reflects wider concerns about the care and financial burdens associated with an ageing and increasingly childless population, with questions being asked about their social support networks and links to younger generations – in other words, who cares for the elderly childless? Earlier research tended not to distinguish between different types of childlessness and painted a rather gloomy picture of old-age functioning, presenting a childless old age as one defined by lack and need (Kohli & Albertini, 2009). For example, research has found that childless older adults are more likely to be in institutional care and reliant on paid care, have smaller social networks – the widowed childless in particular are vulnerable to social deprivation – have poorer health and die earlier than parents (Dykstra, 2008). More recent research has sought to reconceptualise the childless elderly as a social resource rather than a problem and to explore what they contribute to their families and the wider society, as well as to distinguish between different types of childlessness. For example, research has found that elderly nonparents are more engaged in volunteering and civic society than

elderly parents and often have more diverse social networks (Kohli & Albertini, 2009).

If we consider childless adults in midlife, the picture is often more positive. Several studies have shown that marital satisfaction is higher among nonparents than parents (Blackstone, 2014). Furthermore, parents experience depression more often than nonparents and are generally less happy than nonparents (Blackstone & Greenleaf, 2015). A commonly provided reason for not wanting children is a desire to focus time and energy on partner relationships (although this could be another example of providing a socially acceptable explanation for choosing to be childfree) (Blackstone, 2014).

We don't yet have enough information to confidently explain why the experiences of childless adults in midlife and later life are so different. Is this simply a methodological issue – an effect of not distinguishing between different types of childlessness? Is the loneliness of the childless elderly a somewhat inevitable consequence of ageing in a society in which care is commodified? Or does this represent a cohort effect – will future generations of the childfree elderly be better prepared to avoid social isolation in old age? Further research is clearly needed to illuminate the consequences of voluntary childlessness across the lifespan and to more fully understand how the choice to be childfree is 'lived out'.

Are the childfree 'family'?

Although the increase in childlessness, and particularly voluntary childlessness, is cited as an example of family change,

the childfree have rarely been studied through the lens of family. US childfree blogger and researcher Amy Blackstone (2014) argues that childfree couples can be understood as fulfilling many of the functions of family, including providing intimacy, companionship and emotional support, and material resources (including a home) for family members, and engaging in 'social reproduction' (the work required to turn children into productive members of society). As we have noted, evidence suggests that childfree couples are more invested and satisfied in their relationships than parents, so enhanced intimacy and emotional support may be a distinct characteristic of childfree families. Among childless couples, both partners are likely to provide economically for the household: indeed, research suggests that childless women are more likely to work outside the home than mothers and their incomes are likely to be higher than those of working mothers. The childfree engage in nurturing through caring for pets, with some viewing their pets as 'children', or at least as part of the family. Furthermore, they can engage in social reproduction through pursuing careers as teachers, or volunteer roles that involve mentoring children as well as playing significant roles in the lives of their nieces and nephews and the children of friends.

What this all suggests is that although childless adults don't conform to traditional definitions of family, they nonetheless 'do' family in ways that cohere with widely-held

understandings of the functions of family. That's why we felt that a discussion of childlessness has a place in our seminar series on 'new frontiers of family': in years to come, it will be fascinating to see just how this age-old institution continues to evolve. We hope that psychologists will remain at the forefront of its study.



The childfree engage in nurturing through caring for pets

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It is not uncommon these days to hear or read a story in the media about the increasing number of older people in our country. Unfortunately, these stories tend to focus on the negative aspects of ageing and the challenges this population will present to society in the not-too-distant future. Some of the most frequently mentioned problems stem from the increased health and social care needs of older people, due to age-related disease and disability putting pressure on services. Other worries are centred on the economy and how we as a society will financially support an increasing proportion of older people in the population.

An ageing population is not an issue for the UK alone, but for countries across the globe. In previous centuries decreasing mortality was fuelled by improvements in housing, hygiene, education and medicine, all helping to reduce mortality in early life. In modern times, improved survival rates beyond 65 years of age have driven the increase in life span (Oeppen & Vaupel, 2002). At the same time, birth rates have slowed, meaning that older people form a larger proportion of society than ever before. These demographic changes have the potential for long-lasting political, social and economic implications for society (e.g. Restrepo & Rozental, 1994).

The good news that we can expect to live longer than any generation before us must be tempered with the knowledge that these extra years may be spent in

poor health (Lara et al., 2013): with greater age comes greater incidence of age-related disease and disability. Older people tend to require more frequent and lengthier hospital admissions, as well as more support in the community, adding pressure to healthcare and social services.

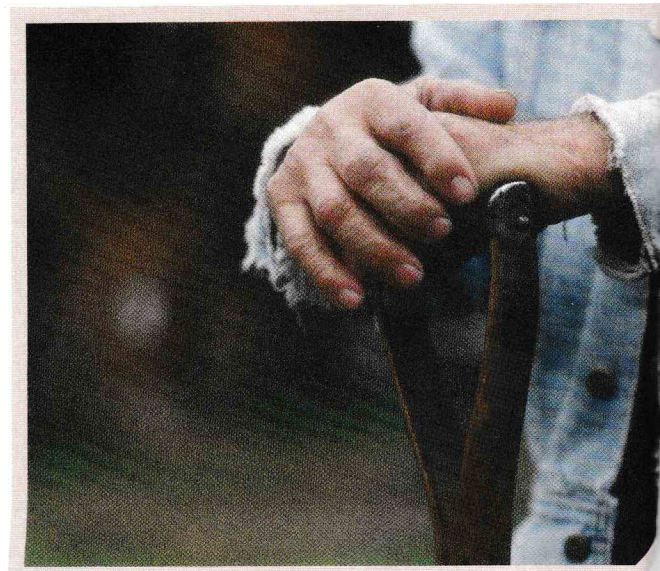
In response to population ageing, and the societal challenges it gives rise to, researchers across the disciplines are examining not just how to increase life span but how to improve 'health span'.

One approach has been to examine evidence from longitudinal cohort studies that look at the characteristics of people in later life. These cohorts are large groups of participants who have been followed up over the years, with various measurements made of their health and wellbeing, and ultimately age-related diseases and age of death. The problem for this area of research is that different studies have different ideas about what exactly healthy ageing is. For example, is healthy ageing a long life, a disease-free

life, a good quality of life or the ability to remain independent in later life? In some of the literature, people who achieve a long life span have been divided into 'survivors', those who live a long time but with a long period of disease or disability before death; 'delayers', who avoid age-related disease or disability until near the end of their life span; and 'escapers' who live to an old age without any major illness or disability (Kivimaki & Ferrie, 2011).

Some studies have aimed to improve health span by using targeted lifestyle-based interventions designed to modify health behaviours in order to keep people healthier for longer. However, in order to be sure that these interventions are working, we need ways to measure how healthily someone is ageing. As yet, there are no gold standard measures of healthy ageing, but there are easily obtainable, cost-effective and widely acceptable ways to measure ageing outcomes, such as biomarkers (Barron et al., 2015).

But what about the views of older



Some aspects of healthy ageing were valued more highly in some cultures than in others

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people themselves? A relatively small amount of work has been done to look at older people's opinions of healthy ageing, but results so far do show discrepancies between what academics and older people themselves think. For example, Hung et al. (2010) compared definitions of healthy ageing given by academics and older people and found that academics focused on physical health, mental health and social functioning, while older people's definitions mentioned more aspects such as independence, adaptability, finances and spirituality. The researchers also looked at cultural differences in what mattered to older people and found that some aspects of healthy ageing were valued more highly in some cultures than in others. Preliminary results from my own research support the idea that people change their opinion about what is important for healthy ageing as they get older, with older people placing more importance on wellbeing than younger people and less importance on mood and ways to measure ageing. New research is now under way to see if the aspects of healthy ageing that older people report as important tally with measurements made in scientific studies.

The problem with not knowing how best to define healthy ageing is that studies that try to evaluate healthy ageing are all measuring different things. This means that different studies cannot be compared fairly. Studies that aim to produce estimates of how many older people are achieving healthy ageing tend to come up with widely varying estimates depending on whether it is the older people who say how well they think they have aged, or whether the researchers classify older people's ageing based on whatever the definition on healthy might be. In studies that look at how older people rate themselves, estimates of healthy agers are much higher, sometimes threefold higher, than when researchers decide what percentage of older people have met their healthy ageing criteria.

One reason for this discrepancy between how the research community and older people define and estimate healthy ageing is the approach that they take to the subject. Older people who take part in these studies are from all walks of life and have widely varying backgrounds. Academics working on this aspect of ageing, on the other hand, tend to be mainly from the field of biomedicine and have a tendency to focus on disease and physical decline rather than more multidimensional aspects such as quality of life.

An ageing population need not be seen as burden for society. Policy makers

need to consider the implications of an ageing population carefully so that proper plans can be made for the future in respect to provision or care for older people. They also need to change how older people are perceived with more focus on the wealth of experience they have to offer rather than cost associated with age-related decline. However, people also need to be responsible for their own future. A wealth of information is available to the public about health behaviours and lifestyle choices that will help to maintain good health into later years. People are now more educated about their own health and are interested in what changes they can make, for example to diet and exercise, to age healthily (Phelan & Larson, 2002). Because of this, to live to a great age is no longer the goal it once was. Quality of life is just as important as length of life, if not more so.

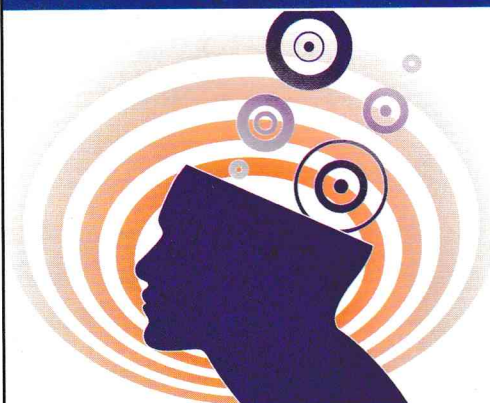
The scientific community can also play a part in changing the way ageing is perceived. Finding ways to increase the span of a human life is an admirable goal, but researchers need to take into account the aspects of healthy ageing that matter the most to older people and find ways to condense any age-related disease and disability into as short a time as possible at the end of life so that quality of life is preserved. We need multidisciplinary researchers to bring novel approaches to an area that has so far been dominated by the biomedical approach.

When I began my postgraduate research looking at healthy ageing, reading articles about age of disease onset and age of mortality was very impersonal. Now, after seeing relatives live a long life but also endure a long period of low quality of life, the facts and figures in a journal article are much more meaningful. If you had asked me at the start of my PhD studentship whether I would want to live to an old age the answer would have been an obvious yes, but now I know it is not so clear cut. Very few of us are likely to reach an old age with no experience of age-related disease, so while increasing life span is a commendable goal for the scientific community, I would much prefer to increase health span, and enjoy my life to the fullest no matter how long it lasts.



Evelyn Barron is a PhD student at Newcastle University
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Psychology of Women Section	6-8 July	Cumberland Lodge, Windsor	www.bps.org.uk/pows2016
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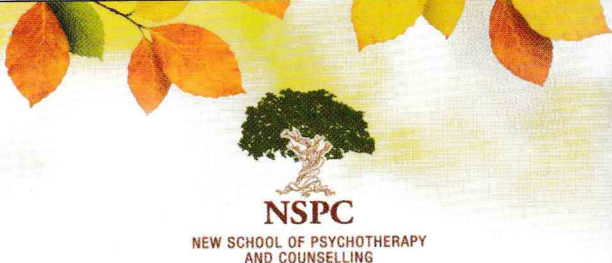
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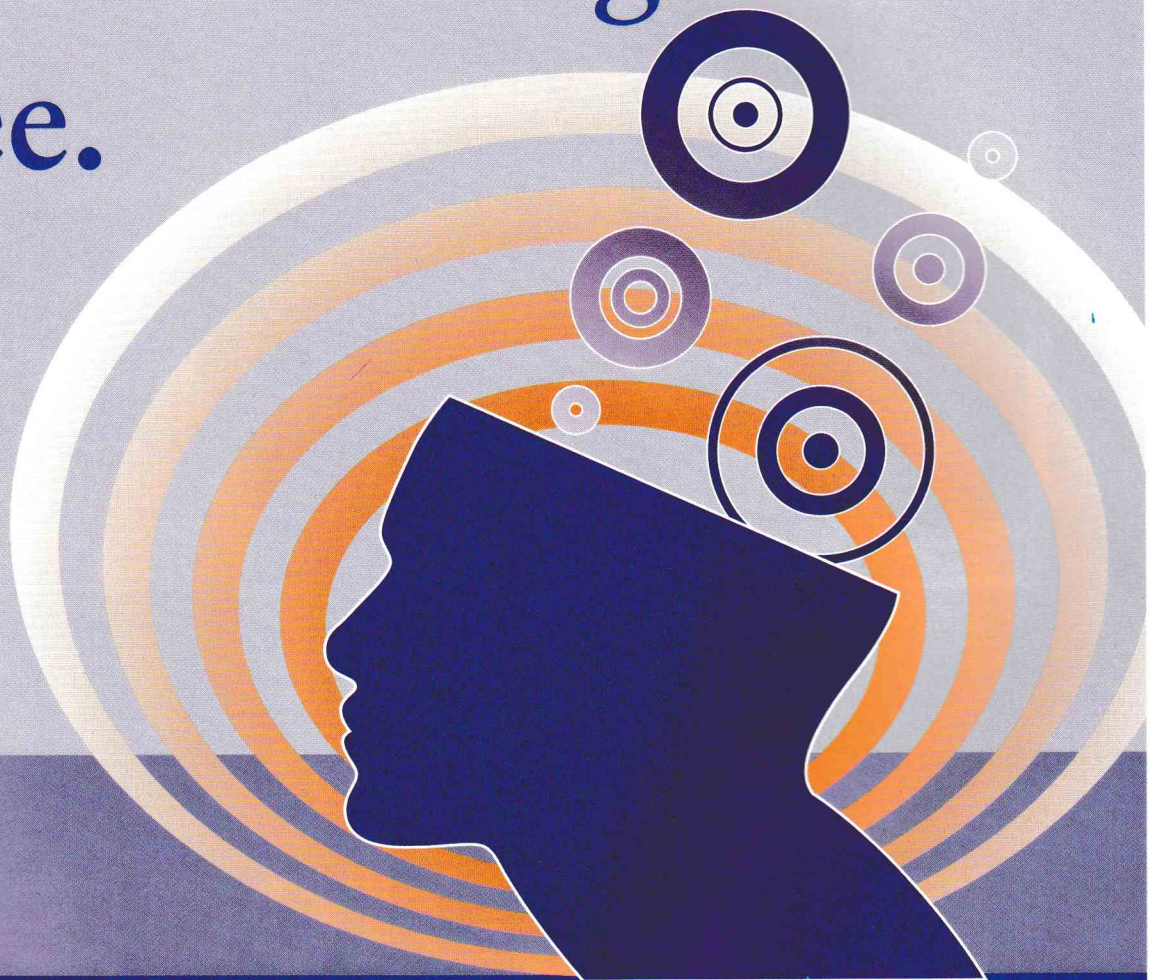
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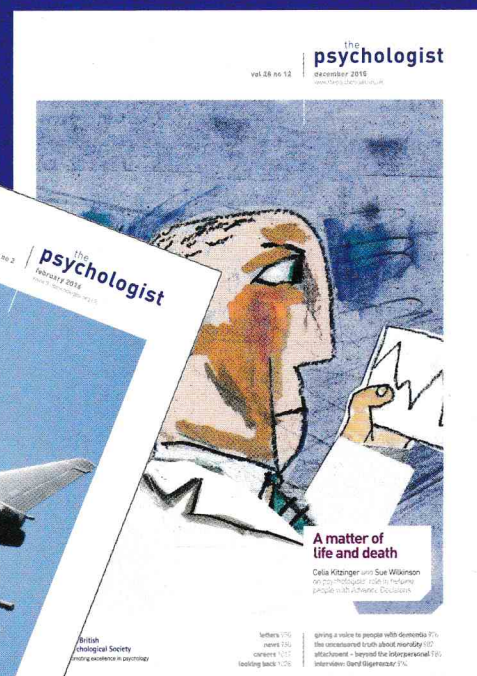
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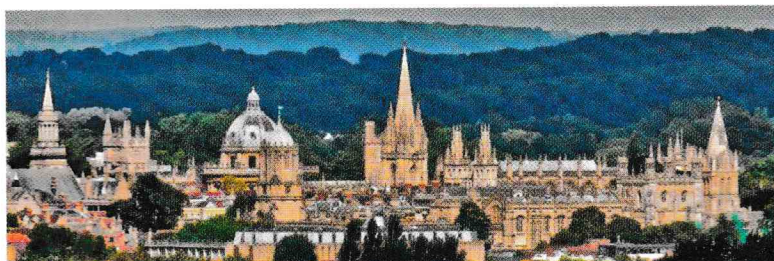
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'Changing language is a form of intervention'

Ian Florance talks to **Elizabeth Peel** (University of Worcester)

The last couple of years have seen huge media interest in the transgender experience. Alongside high-profile individuals such as Caitlyn

Jenner, in the arts world we have seen new books and films such as *The Danish Girl*. It seems a good time to talk to Professor Elizabeth Peel, Chair of the



British Psychological Society's Psychology of Sexualities Section. I asked about her own personal journey, and how this area of psychology can support people in their identity choices.

Elizabeth begins her story at school. There was no psychology A-level there but her dad, who was a primary head, had been interested in counselling psychology. 'I took A-level Sociology, and when I went to Nottingham University I did a joint degree in sociology and psychology and also a Diploma in Applied Psychology. I'm glad I studied two subjects at undergraduate level as becoming too specialised too early is overly limiting. I work with colleagues from sociology, anthropology, linguistics and socio-legal studies.'

When did psychology really grip Elizabeth? 'Cutting up sheep brains didn't grab my imagination! I connected with social psychology during the second year of my degree. *Discourse and Social Psychology: Beyond Attitudes and Behaviour* by Potter and Wetherell looks at language, communication and discourse, and these are lenses I still use to look at any area I'm interested in.'

Feminist psychology became important to Elizabeth, and she tells me: 'As far as I remember I discovered it by myself. I can only describe it as finding an area that resonated with my identities, one I could find a home in. Feminist psychology, in particular, was and is about people as they exist in the world. I came out as a lesbian while still at school – at age 14. This has obviously influenced my interests and career.'

At that stage Elizabeth wanted to be a clinical psychologist, 'like a lot of other people'. She worked as an assistant psychologist in play-based autism assessment with the late Elizabeth Newson during her degree, and as a research assistant looking at neuropsychological assessment in stroke rehabilitation immediately afterwards. 'I found working on my

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own in a hospital-based multidisciplinary team very alienating and decided that neuropsychological assessments were too limiting for me. My final-year degree project had been about anti-lesbian and anti-gay hate crime. It had been suggested I work with Celia Kitzinger, and I applied to do a PhD in social psychology at Loughborough with her in 1998. I was undertaking sessional work for a gay and bisexual men's sexual health project delivering lesbian and gay awareness training to different organisations. Talking it over with Celia we decided that this was a perfect PhD topic – an exploration of the process and outcome of education designed to reduce heterosexism and increase awareness of LGB diversity issues.'

Was the experience of offering this sort of training for the police, youth workers and social workers challenging for a young psychologist? 'Yes, especially since this was before equal opportunities legislation which protected LGB people in the workplace. There was some personal risk involved, and one of the things I learned was how trainers managed personal disclosure in this sort of context. Going back to your original point, here's an area where psychology and research work interact with issues in the real world – my PhD topic was driven by my community work.'

But in my second year of PhD study my father showed me a report which suggested he was either clinically depressed or experiencing "an early dementing process". Two years later he was diagnosed as having dementia. I would have liked to stay at Edinburgh University – where I was working at the time as a postdoc – but instead moved to Aston University to be nearer my father and take on caring responsibilities. I worked in a predominantly neuroscience environment but continued my diabetes and sexualities research. That period of my life lasted 10 years.'

Elizabeth says it's still very important for her to work with marginalised and disadvantaged groups. 'But my interests don't just relate to sexuality or gender identity. I worked at the unfortunately now defunct Research Unit in Health, Behaviour and Change at the University of Edinburgh, conducting longitudinal interviews with people newly diagnosed with type 2 diabetes, and more recently held a British Academy Mid-Career Fellowship on Dementia Talking: Care, Conversation and Communication. The

period of the fellowship in 2011–2012 coincided with my father's death, which made the project especially poignant. This year I've been working with Professor Michael Murray (Keele) and Dr Carol Holland (Aston) on a British Psychological Society Research Seminar Series entitled *Beyond Boundaries: Exploring the Psychologies of Ageing*, which really aims to move beyond some of the traditional divisions in psychological ageing research and bring academics, practitioners and "users" together.'

'Things have changed, though there's still a lot to do'

Over the years Elizabeth has received a number of awards. 'I co-wrote the first introductory textbook in the field of *Lesbian, Gay, Bisexual and Queer Psychology* with Victoria Clarke, Sonja Ellis and Damien Riggs, which won a BPS book award in 2013, which we were thrilled by. I was also involved in the early days of what was the Lesbian and Gay Psychology Section, which has been renamed the Psychology of Sexualities Section. I had just started as a PhD student in 1998 when the Section was

"a lot of my time is spent mentoring, supporting people, and creating research structures that are hopefully enabling and encouraging"

first formed, after about 10 years of trying to set up something formal to focus on this field of the discipline. It was an exciting time to be involved in the establishment of the field in British psychology, and I was very fortunate to have the opportunity to undertake a number of different Section roles.'

I asked Elizabeth to tell me a bit more about the Section. 'It's worth remembering individual and institutional attitudes not that long ago. The Society was very slow in reacting to the need for such a Section and it took some real pioneers like Celia Kitzinger, Sue Wilkinson, Adrian Coyle and Martin Milton to push it through. In the early days Celia and Sue received a lot of hate mail from other psychologists. I recall that the section ballot received the biggest "anti" vote in any comparable ballot in the history of the BPS. Historically, of course, psychology and other psych-disciplines were very problematic in their "treatment" of non-heterosexual and non-gender normative individuals. In the UK we've moved a long way from "aversion therapy", "conversion therapy" and chemical castration, but support for

LGBTQ research and practice still needs building in the discipline.'

The change in title to the Psychology of Sexualities Section represents a wider focus than just lesbian and gay psychology, including bisexual, trans, intersex and queer identities. 'Again to go back to one of your original points,' Elizabeth says, 'we are keen to bridge theory and practice, recognising the key role of counsellors, therapists, and educational and occupational psychologists have in promoting better understanding of the wide diversity of psychology of sexualities. Things have changed for the better, though there's still a lot to do. For instance, we need more research addressing transphobia and trans issues as well as mental health outcomes for people who identify as bisexual or in ways other than lesbian or gay. Homophobic bullying in schools is still very much a live issue with "gay" still being used as a pejorative term.'

'I want the world to be a better place'

Since 2013 Elizabeth has been Professor for Psychology and Social Change and Director of Research in the Institute of Health and Society at the University of Worcester. For the last five years her main academic interest has been in dementia, 'a global issue that significantly impacts families and communities. But I've kept an interest in communication and discourse. As I became a professor in my thirties my role has changed – a lot of my time is spent mentoring, supporting people, and creating research structures that are hopefully enabling and encouraging.' But you still keep up your research interests? 'Thankfully they come together in projects that look at the way sexualities, gender and health affect each other.'

What do you hope for the Society Section of which you are Chair? 'More working together with other allied Sections and groups in the Society. More international links need to be forged; international, interdisciplinary working is key.'

Finally, what does psychology do for the people Elizabeth is interested in? 'It helps give them a voice and power. Changing language is a form of intervention.' So you see your work as having practical benefits. 'It may sound naive but I want the world to be a better place. That's the unifying thread throughout my career to date. There's always more to do.'

For more about Elizabeth Peel, see tinyurl.com/elizpeel

Dealing with confrontations

Steven Brown (Glasgow Caledonian University) reflects on a PhD defined by conflict

No one told me that doing a PhD might increase my likelihood of getting into fights. But it did. For the longest time, when someone asked me what I do for a living, I was actually afraid to answer honestly.

When I started out doing my PhD some years ago now, I had a fairly strong grasp of what it was I wanted to achieve, and how I wanted to achieve it. At the very least, I had research questions and methodology in mind early on. But as my doctoral studies progressed, I found myself adapting constantly, to the point where it was unclear where best to go with my PhD. This happened because I had chosen to research a very loaded topic – digital music piracy (see my ‘New voices’ article at tinyurl.com/sbrownnv).

Whether it be the pub, an airport or a conference, the moment I utter those three words I am confronted with people assuming that I am ‘anti-piracy’, questioning my integrity without even asking what the focus of my research is. It’s a topic that people are invested in (given it is so widespread), even if they have not taken the time to really think about it before. And that’s sort of the problem – people often rely on their beliefs.

When confronted with disconfirming evidence, people are capable of rationalising what they do not want to confront: as if being wrong about something was so terrible. As Shermer (2011) explains: ‘We form our beliefs for a variety of subjective, personal, and psychological reasons in the context of environments created by family, friends, colleagues, culture, and society at large... Beliefs come first, explanations for beliefs follow’ (p.5). From experience, this certainly appears to be the case with digital music piracy.

I have given talks, for example, where it is clear that the audience all have widely different beliefs about digital piracy or file-sharing. Call it what you will. They can’t all be correct, says the quantitative

researcher in me. But technically, if adopting qualitative lines of inquiry, then they *can* all be correct. And, there is value in doing so. It is very revealing. Subsequently, I have become more of a mixed-methods researcher, responding to the fact that I constantly encounter people



who hold widely different beliefs. It is endlessly fascinating.

It is interesting then, when reflecting on my doctoral studies, that much of it was moulded not by my literature review or data collection, but my day-to-day life, going to concerts and pub quizzes in Glasgow. It has been a game-changing experience, not only encouraging me to adopt new perspectives on the world and how we experience it, but also in how I communicate with people about research. I now find myself trying harder to be persuasive, for one thing. Once upon a time I was naive enough to think that presenting people with truths was enough. But it isn’t. Routinely, I find myself having to dress things up in a different way to cater for different audiences and adapt what I am saying in different ways to maximise the impact.

Something that has become common with presentations is when I discuss the ‘prototypical music pirate’: a young male. Of all the many contentious areas of the literature to date, this is the least controversial. It keeps coming up time and

time again, and is supported by theory. Yet, I will inevitably find myself responding to a young man who will claim, ‘I don’t do it’, as if I will then fall to pieces and rethink my thesis to take them into account.

And herein lies a major issue – people think they are exceptional, that they are unique and immune to being categorised as part of an ‘average’ something-or-other. I have also discovered that people will claim to know something you tell them as matter of fact, even when they have only just been presented with it for the first time. This is simply as it fits with their view of the world. Often, it does not. And it is tough to convince someone of something if they do not want to hear it.

The funny thing is that I rarely say anything exceptional or controversial. In fact, I am immensely satisfied that the research into the economic side of digital piracy has yielded no convincing results. Or put another way, for every article that claims piracy offsets legal sales, there are others that find the opposite. And then there are those which find no effect of any kind. It all averages out to ‘we don’t know’. In my world, this is an acceptable response to a question, but most people I encounter are unsatisfied, and so isolate case studies of interest that support pro- or anti-piracy points of view.

I take comfort in Pinker (2014), who explains:

Just because something happened to you, or you read about it in the paper or on the Internet this morning, it doesn’t mean it is a trend... An event is a significant phenomenon only if it happens some appreciable number of times relative to the opportunities for it to occur, and it is a trend only if the proportion has been shown to change over time (p.303).

“The funny thing is that I rarely say anything exceptional or controversial”

With this in mind, one of the biggest conclusions from my doctoral studies is how little the general population knows about how science works. And this is not a big surprise – would you spend \$39.95 to access a PDF about a research project? Bear in mind also that it might very well be incomprehensible, and that you probably would not know where to find it in the first instance.

I try harder to put myself in other people's shoes nowadays. When I do so, I am more forgiving of people who criticise me. Why should they listen to me?

I believe that science communication is at the heart of moving past this, and that resources such as The Conversation (where the general public can ask questions of the academic contributors) are an important step forward. Though MOOCs are in their infancy, I also think they represent the potential that the internet holds in fulfilling its true remit as a communication tool.

As an early-career researcher, it might be fanciful of me to engage in all of this, not yet burdened by the responsibilities that face full-time academic staff. But surely in a world of freedom of information requests and the like, it is all but a certainty that academics and the general public will find appropriate opportunities to interact and engage with another? As explained, I am indebted to the many friends and strangers I have spoken to over the years for enriching not only my thesis but my curious mind.

But I keep coming back to a really difficult consequence of doing a PhD in this area is dealing with people treating me like some kind of government agent! When I discuss research findings, I am simply discussing research findings. I am not personally attacking individuals. Nevertheless, people take it very personally. I have never been on a course on how to deal with things like that, but I wish I had. More than the missing data, corrupt files or ethical delays, the fear of confrontation has been the biggest barrier to progressing through my PhD.

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Caveat lector

Few constructs in psychology enjoy such a well-documented and validated track record as intelligence and cognitive abilities. Their applications are widespread and important, although their implications are sometimes seen as 'controversial', even socially divisive. Colin Cooper, well known for his television appearances in the BBC programme *Test the Nation*, details the science and dispels the myths. He has no axe to grind; and his book is incisive, accessible, challenging and exhaustive – he even includes mention of the cognitive abilities required to grow onions! All of this is achieved in a compact and reasonably short book, written in an engaging, informed and amusing style. Importantly, Cooper devotes ample space to discussing the various meanings of intelligence and cognitive abilities, which is just as well because at first blush they can appear elusive, especially to the undergraduate student, who typically comes to the subject armed with a little knowledge but many misconceptions.

Another strength of Cooper's book is how it positions this vibrant research topic in the broader context, especially of the two schools of psychology: experimental/cognitive (which includes developmental and social processes) and differential psychology; with the former focusing on mean differences, where typically *differences* between people (which always exist!) are seen as a nuisance and assigned to the statistical error term; and the latter, in contrast, taking such individual differences as primary data, using various statistical techniques of association and correlation to describe and assess their impact – and here, Cooper even manages to make factor analysis understandable to the novice.

As Cooper correctly notes, 'For example, social psychologists study variables that influence prejudice *in the population*, and do not trouble to consider whether or why some individuals are more prejudiced against minority groups than others' (p.1) – and the same can be said for many other areas of psychology. He is right – and the student reading this will get a deeper understanding of how different 'schools' of psychology do, and should, relate to one another: this serves to deepen understanding of psychology and sharpen critical faculties.

In eight well-contained chapters Cooper takes the reader through everything that they could reasonably be expected to know: 'Introduction' (insightful discussion of different meanings and the experimental/cognitive differential schools); 'What Are Abilities?' (description of items, tests, standardisation, and interpretation); 'The Structure of Mental Abilities' (delineation of

factor analysis, Spearman's *g*, and hierarchical models); 'Alternative Views of the Structure of Abilities' (presentation of social construction models, self-ratings, unusual abilities, Sternberg's Triarchic theory, Gardner's multiple intelligences, and emotional intelligence); 'Social and Biological Origins of Abilities' (summary of various genetic methodologies, multivariate genetic analysis, gene-environment interactions, and the limitations with these approaches); 'Ability Processes' (discussion of speed of processing tasks, working memory and *g*, and physiological correlates); 'Applications' (examples from education, personnel selection, job fit and performance, health and wellbeing); and a final chapter that is bound to inform and delight, 'Reflections and Conclusions', in which Cooper provides appropriately critical discussion of group (e.g. black-white) differences; implications of the Flynn effect (i.e. rise in IQ over the generations, which may explain group differences); interventions to boost IQ (e.g. Head/Sure Start type programmes), neural plasticity and various myths (e.g. 'magic bullets' to raise IQ – including the Mozart effect); and the social implications of the 'bell curve' theory of Herrnstein and Murray (i.e. advanced technological countries dividing along the lines of levels of cognitive ability) – there is also a section on how cognitive tests might be used to identify and select disadvantaged children for university, especially from the British white working class who are underrepresented in British universities.

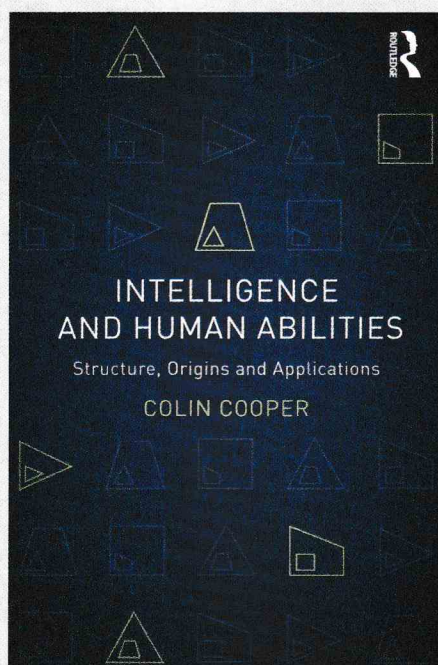
The thing with Cooper is that, not only is he very well versed in the entire field of intelligence and cognitive abilities, he is entirely level-headed and he conveys all of this in an easy-to-read fashion that belies his vast knowledge. Even technical issues (e.g. the various forms of genetic

methodologies) are presented in a way that will not only educate students but should give reading pleasure.

This book needs to be on 'required' reading lists of psychology students and those in related disciplines. It would also be read with profit, albeit perhaps with dissatisfaction, by those who prefer to dismiss this important field of psychology as pseudo-science. The 'take home message' is that, 'Few theories in psychology have stood the test of time as well as the psychology of human abilities' (p.217). Reader beware: Cooper's book is likely to charm you into knowing far more about the science of intelligence and cognitive ability than you ever thought possible or appropriate!

Routledge, 2015; Pb £29.99

Reviewed by Philip Corr who is Professor of Psychology at City University London



Intelligence and Human Abilities: Structure, Origins and Applications
Colin Cooper



A mother's love

Room
Lenny Abrahamson (Director)

The novel *Room* received critical acclaim when published in 2010, and it was shortlisted for both the Orange Prize for Fiction and the Man Booker Award.

Although a powerful and original book, its subject matter meant it was not an obvious candidate for a screen adaptation. But it is now an Oscar-nominated film, with the book's author, Emma Donoghue, responsible for the screenplay.

The first half of the film is set in the eponymous room, occupied by young Jack (Jacob Tremblay) and Ma (Brie Larson). It becomes apparent fairly early on that this room has not only a bed, wardrobe and table, but also a bath, toilet and basic cooking facilities. A skylight provides the only view. Without having to say so, it's understood that Jack and Ma do not leave this room. But seen through Jack's eyes, there's no reason to leave Room. It's all the world he's ever known, and contains everything and everyone he loves. There's comfort and security in the order imposed by Ma, with morning exercises, regular mealtimes and a ration

on watching the fuzzy TV. They make snakes out of egg shells, bake cake for his fifth birthday, splash around in the bath. Ma sings to him, and Jack feeds from her breast.

Occasionally, Ma does not get out of bed at all, and Jack must amuse himself. And they have a regular visitor, Old Nick. Jack must stay in the wardrobe when Old Nick visits, and be very quiet.

Donoghue was apparently inspired to write the story after reading about the cases of Natasha Kampusch, and Elisabeth Fritzl and her family. Anyone drawing on such deeply disturbing real-life cases has a responsibility to avoid sensationalism and voyeurism. This the film achieves with ease. We see Room through Jack's eyes, and Jack is inevitably an unreliable narrator. But his innocence about his situation is neither sentimental nor contrived. What unfolds is a hymn to parental love, and the protective power of children's innate adaptability to, and acceptance of, their environment.



Psychologists will inevitably find themselves wondering how a child of his age would develop in such circumstances. What would be his deficits? Would he have developed particular strengths? Is passively viewing social interaction on a TV likely to aid social development? Most importantly, if freed from Room, would normal life be possible for either Jack or Ma? These questions move to the fore in the second half of the film.

Brie Larson gives an impressive performance as a victim who is determined to not be victimised. Jacob Tremblay is astonishing as Jack, for which both Larson and the director Lenny Abrahamson must share

some credit. The novel was perhaps stronger in conveying the enclosed world of Room, but the film benefits from transition to the screen in the later stages.

Anyone put off seeing *Room* because the bones of the story sound harrowing should be reassured. Some scenes are definitely challenging, and possibly upsetting for some. But *Room* allows us to see what parental love might look like stripped of the normal distractions – how transforming that love is, not just for the child, but also the parent.

I Reviewed by Kate Johnstone
who is Associate Editor
(Reviews)



Deserves a prime slot

The Brain with David Eagleman
BBC Four

I have only watched the first two episodes of *The Brain with David Eagleman*, but if the remaining episodes are anyway near the same quality, then this should go down as a landmark series. Full disclosure – I have known and admired David's work for some time as he is a talented scientist and writer, but what makes *The Brain* so outstanding is the way that he has so effortlessly translated his accessible style and passion to the screen.

Students of psychology will recognise many of the familiar landmarks in the history of cognitive neuropsychology: neurons, brain imaging, patient HM, false memories. But even though these are classic undergraduate examples, Eagleman brings them to life in a compelling way that is as satisfying for the seasoned student as well as for the naive. He does this best, as he does in his writing, by the use of thought

experiments and visual metaphors, guiding his audience through difficult conceptual terrain, such as self-identity, consciousness and moral responsibility.

What makes this series so good (apart from the high production values) is that Eagleman immerses himself in the documentary, relating his own experiences and expertise where relevant. And he's not averse to poking a bit of fun at himself. In one segment, as he describes how brain plasticity can accommodate loss of function with ageing, Eagleman is under the bonnet of a car engine, applying wrenches, sockets, pliers that he tosses nonchalantly over his shoulder as he describes how the brain can re-purpose tools to solve problems. I was wondering if he were to hit a passer-by, whether that would make a convenient segue into a discussion of head injury and local lesions.

Over and above the fun, Eagleman invites us to consider deep philosophical issues in a way that evokes wonder and awe. Eagleman combines the passion of Sagan, the depth of Wittgenstein with a little bit of Mythbusters thrown in. When you watch *The Brain*, an hour flies by before you realise it. There again, David is the perfect host to explain why that may seem so.

Maybe it is a shade too North American in style, even though it was co-produced with the BBC: but this was probably the intended major audience. It is really a shame that *The Brain* was scheduled to the less populated BBC Four – the series is worthy of a prime slot for the general public.

I Reviewed by Bruce Hood who is Chair of
Developmental Psychology in Society,
University of Bristol and founder of
Speakezee.org



Light fantastic

Letting in the Light
The Grove, London E15

January: the first payday of 2016 seems a long way away, and the media is full of the misery of 'Blue Monday'. It's a challenging time for everyone, but especially so for those who are not in robust mental health. So it's no coincidence that the public exhibition 'Letting in the Light' in Stratford seeks to uplift and illuminate through art, created by people with personal histories of mental illness.

The exhibition, organised by the Stratford-based arts and mental health organisation Daily Life Ltd, is located on a typically depressing inner-city stretch of pavement, between a betting shop and the public library. But its appearance is anything but depressing. The art is displayed in 10 tall light boxes, warmly glowing against the grey Stratford sky. The public location means this exhibition is accessible to everyone, at any time of the day or night.

What is especially great about this exhibition is the text provided by each of the 35 artists displayed. Much of modern art eschews such explanatory labelling. In this exhibition, the text not only gives one a greater appreciation of the art, but helps normalise the artists' mental health issues. Liz Atkin's *Lavish*, for example, shows part of a face, dramatic and brightly painted. The text underneath talks about her 20-year history of compulsive skin picking. Reading this made me reappraise the picture, and gave me a different understanding of it. Dolly Sen's *Coffee Stain Stars* was inspired by



the endless cups of tea and coffee she drank on a psychiatric ward. Chris Gray's colourful *Starfrisk + Monster*, arresting and slightly intimidating, is simply about his state of mind as a paranoid schizophrenic.

But it's unfair to single out any of the works in the exhibition: not only is the standard very high, but the range of techniques used, and experiences behind them, are so varied. What they do all seem to share, though, is a hopefulness about the artist's own mental health, and the benefits of having a creative outlet through which this can be explored and shared. I came away from Letting in the Light feeling both brighter, and enlightened.

I The exhibition runs until 24 March 2016 [see www.dailylifeltld.co.uk/daily-life-ltd-present-letting-in-the-light]
Reviewed by Kate Johnstone who is Associate Editor (Reviews)
See also *Big Picture*, centre pages



'I can't imagine living to old age like this'

Rethinking Anorexia Nervosa
BBC Radio 4

I was lucky. I recovered from my anorexia with CBT, being sectioned, force-fed and put on a reward programme. But one treatment does not fit all, so as I now write about this often misunderstood and fatal illness it's important to hear of new approaches to treating it. In an insightful 28 minutes, psychologist Dr Sally Marlow offers so many people hope for the future for their loved ones.

Sara and Linda open the show with their personal accounts of the deeply complex psychological condition of severe and enduring anorexia: 'Everything is perceived through the lens of feeling completely distressed about your body', 'It's like a funnel... it becomes narrower and narrower and more difficult to get out of it, the more you get entrenched in the eating disorder.' Dr Marlow explains the despair such people feel when treatments fail.

Dr Marlow goes on to explore new and experimental techniques to help people with 'severe and enduring' anorexia (around a quarter of all sufferers). Some have had the condition from teenage years until their mid-forties and fifties, with many years of therapy: Linda had experienced refeeding, groups, CBT therapy and interpersonal therapy without success.

Professor Ulrike Schmidt (King's College London), who describes anorexia as 'the

most lethal of all psychiatric disorders', talks about how deep brain stimulation to interrupt the pattern of learned behaviours towards food may hold a key. Dr Rebecca Park (Oxford University) describes a growing understanding of the parts of the brain that affect this condition, in particular the limbic system (involved in reward processing), the somatosensory cortex (which plays a part in body image) and the insula (which detects internal states such as pain and hunger).

Dr Marlow experiences transcranial magnetic stimulation, a technique to excite or inhibit nerve cells, which appears to reduce anxiety. Still at the 'proof of concept' stage, there have been promising results with trial participants and it's now set for a randomised trial with sessions five times a week for four weeks. Professor Schmidt feels it may reduce preoccupation with weight and increase engagement with other forms of therapy.

Over at the University of Toronto in Canada, a team are trialling a far more invasive technique – deep brain stimulation. Professor of Psychiatry Blake Woodside and neurosurgeon Nir Lipsman target the subcallosal cingulate, which they call a 'call centre for emotional processing in the brain'. One sufferer, whose condition was so severe that her family was planning for her funeral, suddenly announced she would like

a piece of pizza the moment the electrodes were turned on.

The researchers say they have been 'gobsmacked' by the results after six months, although they do also caution that deep brain stimulation does not offer a 'magic bullet'. A key point is that such treatments may increase a person's receptivity to other, more psychological, forms of treatment.

Dr Parks says she is keeping a very close eye on these results, and continuing their work to develop optimal targets for such treatments. Medical ethicist Dr Jacinta Tan (University of Swansea) reminds listeners that when using novel treatments with such a 'deeply human dilemma', the first principle is to do no harm: 'health professionals and researchers as well have this sense of desperation, we're just looking for anything.'

Thankfully, Dr Marlow reminds us, 'necessity is the mother of invention', and I was personally very encouraged to hear that the treatment of severe and enduring anorexia is being rethought.

I Listen to the programme at www.bbc.co.uk/programmes/b06wczm3
Reviewed by Tina McGuff who is an author and eating disorder campaigner [see www.secondstosnap.com]



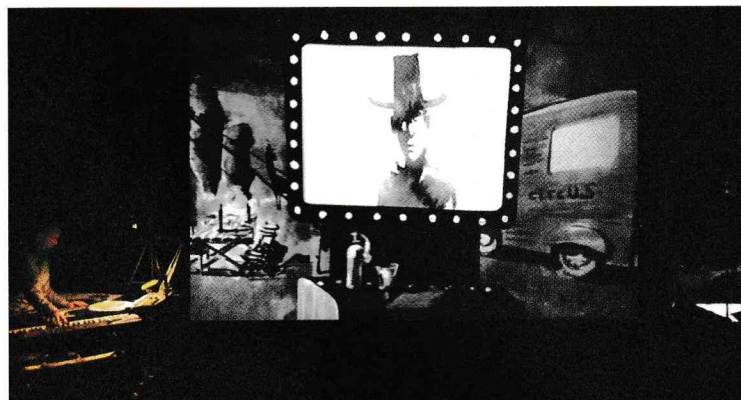
Body counts

Dark Circus
Barbican Centre, London

There are two art forms I would crawl over broken glass to avoid: rom-com films, and physical theatre. I'm not therefore an obvious choice to review *Dark Circus* by Stereoptik. The marketing promised 'two visual artists who draw and play music live to build a big top universe'. My attitudes to mime were formed as a teenager in the 1980s courtesy of a show called *Not the Nine O'Clock News*, when Rowan Atkinson appeared as mime artist Alternative Car Park, to tell us his body was his tool. Tonight I was determined to banish that precursor to Mr Bean, and open my mind to the possibilities of mime. After all, there are other circumstances where my brain manages to suspend disbelief, to create meaning from visual and audio stimuli – why not here?

I wondered what a mime audience would look like. It turns out they're much like any other theatre audience, a bit younger perhaps. But there were few clues that I was going to experience anything out of my comfort zone – not a Breton t-shirt, twirly moustache or white glove in sight.

Within seconds of the opening, I knew I was going to be immersed in something special. The performance consists of 55 minutes of an artist and a musician drawing and providing a soundtrack for a narrative for a circus where bad things happen. This Circus was indeed Dark, and on the screen in front of us a trapeze artist fell off her perch, a lion tamer was eaten, knife throwing went very badly wrong. But more than the story, the delicacy and damn cleverness of the art and music produced along the way was utterly mesmerising. Meaning emerged from what first appeared to be random brush strokes as the Stereoptik duo manipulated our senses and our emotions using low-tech equipment like overhead projectors, ink and acetate. How quickly a blank light box became a field, became a setting for a big top, became an urban housing estate, and with what beauty. The overhead projector faded in and out as ink bled, charcoal was smudged, and guitar strings became a lion cage. A pile of powder? Sand? Iron filings? It was hard to tell in the dark, but whatever it was, it



was transformed into exquisite tower blocks. How did they do that? And how did I feel such poignancy?

The Dark Circus acts rolled on, punctuated by a ringmaster with more than a whiff of a seedy Elvis impersonator about him. He asked the audience to welcome each performer as they were projected up in front of us, and we applauded at their entrances, and at their deaths. I was transfixed. But then, for me at least, although not I think for most of the audience, the bubble burst. Spoiler alert: there was a happy ending. Suddenly there was a big red clown's nose, changing the monochrome tones of the Dark Circus into coloured hues. Light and happiness arrived with a vengeance. The performance climaxed in everyone who had

died coming back, boogying along with the lion and having a simply smashing time. I felt like I did in *Four Weddings and a Funeral* when Andie McDowell's character turns to Hugh Grant at the end and says 'Is it still raining? I hadn't noticed.'

The first 80 per cent was good enough for me to more than forgive, however; so much so, that when I got home, I immediately went online to book tickets for my son, an art student. So thanks to Stereoptik: I still would have preferred a high body count, but that probably says more about my own inner workings than theirs.

I Reviewed by Dr Sally Marlow
who is at the National Addiction Centre, Institute of Psychiatry, Psychology and Neuroscience King's College London



In-depth analysis

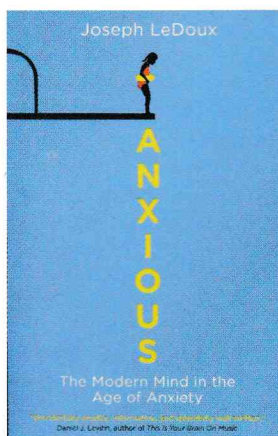
Anxious: The Modern Mind in the Age of Anxiety
Joseph LeDoux

Having been fooled by the bright cover and expecting a light 'popular psychology' read, I was surprised to discover that *Anxious* is in fact a detailed, rigorous scientific examination of approaches to studying fear and anxiety. That being said, I quickly found that LeDoux's skilful writing style effortlessly integrated this high level of scientific detail into a clear, well-written narrative.

LeDoux starts by charting the evolution of his own views on attempts to understand the emotional brain, guiding the reader to his current stance that we need to address what different researchers and approaches actually mean by the word 'fear'. He distinguishes between unconscious survival mechanisms and the conscious experience

of fear and anxiety, which both play important but distinct roles.

Unlike many other researchers in the field, LeDoux argues that what we have inherited from animals is not the conscious feeling of fear, but rather the mechanisms for detecting and responding to threats. In animals capable of consciousness (such as humans), feelings of fear and anxiety are, he argues, constructed based on how we interpret signals from these threat-processing mechanisms.



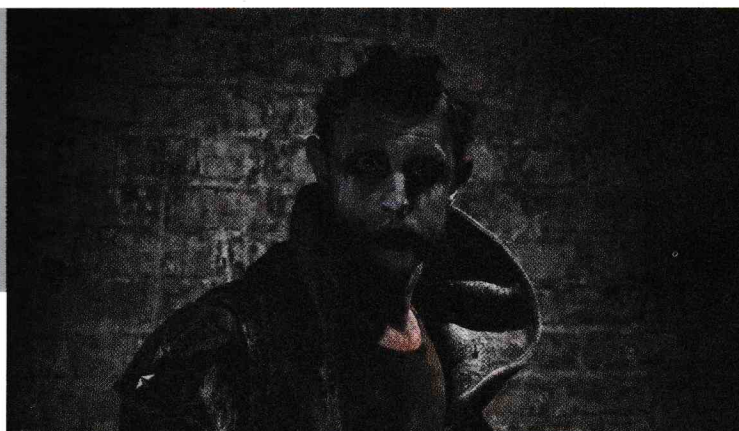
The book finishes by considering how a fresh understanding of fear and anxiety and their underlying brain mechanisms can inform therapies.

Those hoping for a light read should look elsewhere, but LeDoux's book is essential reading for researchers and practitioners seeking an in-depth scientific analysis of approaches

to understanding fear and anxiety.

I Oneworld; 2015; Pb £14.99

Reviewed by Holly Scott who is an MSc student (Research Methods of Psychological Science) at the University of Glasgow



When words are not enough

Oog
Al Seed

The London International Mime Festival was founded in 1977, and spans the spectrum of wordless performance, such as physical theatre, circus and puppetry. In 2016 it ran for a month across different London venues, featuring 18 different performers from nine countries.

'Oog' was performed by Al Seed, a Glasgow-based artist. The piece starts with the performer sitting on a chair, entombed in a massive leathery coat. The stage is empty apart from a rope ladder hanging down at the back. There's a throbbing, insistent soundtrack beating out. Slowly, the man emerges from the coat, first just his hands, and then his head, in strange, spasmodic movements. Seed's physical talent is immediately apparent in his ability to convey disconnect between a man and his movements. It's like watching an old film, where the fewer frames per second meant that all movements were jerky. Once the man emerges, he starts socialising with (imaginary) others, turning his head, laughing and drinking. Then he'll suddenly sink down, unable to carry on the illusion, until he rises up again.

As the piece progresses, the man escapes the restriction of his coat. We realise that he is a soldier, either plagued by memories or perhaps returning to the fighting from furlough. He takes up his weapons and gradually becomes at one with them. They are extensions of his arms, and he is a fighting machine, unthinking and automatic. When the fighting lulls, the man is drawn to the ladder. He is hesitant to climb it, even although it seems to offer him escape from this darkly lit place. We start to understand that the fighting has traumatised him, and has affected his ability to function.

There are many ways to interpret this piece. Perhaps his coat represented antidepressants? Or his numbness, post-trauma? Is the way out via the ladder his suicide, or admitting that he needs help? One definition of 'Oog' is as an acronym from the gaming world: Out of Game. Does this mean he is 'out of' soldering, which has become something akin to a shoot-'em-up computer game? Or has he metaphorically checked out? The privilege of a piece without words is that the audience is free to interpret it however it likes. Ultimately, it's like trying to describe music. It is essentially visceral: like the experience of PTSD. This is a thought-provoking and fascinating piece that shows how much can be expressed in movement in the right hands.

I Oog won the Total Theatre Award for Physical/Visual Theatre at the 2015 Edinburgh Fringe Festival. This performance was at Jackson's Lane, London. A clip is available at <http://alseed.net/oog-on-tour>
Reviewed by Kate Johnstone who is Associate Editor (Reviews)



A time-saver

The Student's Guide to Studying Psychology (4th edn)
Thomas M. Heffernan

This has become my go-to guide when quick and clear answers are required. Heffernan offers useful advice to those considering a psychology degree, to people like me, who are halfway through their study, and to those wondering 'where to next?' upon completion of their degree.

The guide begins with an overview of psychology and its approaches, before focusing on the practical skills required by students during their degree, such as study, writing, research methods, reports, ethics, exam preparation, and postgraduate opportunities. In the writing skills, samples of potential answers for essay questions and empirical reports are provided, with checklists and further reading recommendations interspersed throughout. He

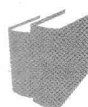
ends with advice as to the options available after undergraduate study, looking at some of the major specialisms in this discipline.

In an effort to refresh some skills, I referred to two sections during recent assignments: APA referencing, and empirical research report writing. These sections were clear and concise, and as a result, a time-saver. Whilst I wish I had invested in this guide when I commenced study, it will now remain close to hand until I am considering 'where to next?'.

I Psychology Press; 2015;
Pb £19.99

Reviewed by Michèle Mulqueen who is a second-year undergraduate psychology student, University of Derby
Online Learning

Death – it's a cultural thing



Death and Bereavement Across Cultures (2nd edn)
Colin Murray Parkes, Pittu Laungani & Bill Young (Eds.)

Death is not an easy subject. Discussions around it can be morbid, deep, disturbing, enlightening. Despite death being an inevitability for us all, we are, in general, still reluctant to openly discuss what death and dying means for us. As a result, we are often ignorant of how those different from ourselves react to death. This book sets out to bridge this gap in our knowledge and help the reader to better understand how those from other cultures deal with death and bereavement.

The different styles of the chapters can make the book seem disjointed at times. Additionally, the Introduction felt like a bit of a slog to get through to reach the main sections addressing death in other cultures. Nonetheless, do not allow these criticisms to deter you from reading this very well-informed handbook. The authors do a great job of covering the practices and beliefs of the

major religions as well as diving a little deeper into some of the smaller subsections of these religions. All of this with the purpose of informing anyone who may find themselves face-to-face with someone from one of these cultures who has experienced a bereavement about how to more effectively help that person to cope with their loss.

An entire section addressing how professionals can make use of this information to improve their services further highlights that not only must we do more to tailor our approach to the needs of others, but also that this can be done. Much like any encounter with death, this book is a tough but meaningful, thought-provoking read.

I Routledge; 2015; Pb £24.99

Reviewed by Richard Potter who is an MSc Social Psychology postgraduate and mental health volunteer



A guide to the unteachable things

The Therapist in the Real World: What You Never Learn in Graduate School (but Really Need to Know)
Jeffrey A. Kottler

Kottler is a prolific author on the process of therapy and the internal world of the therapist with a chatty, readable style. He approaches this topic both as a long-qualified therapist, with plenty of experience to fill in whatever was missing from his graduate education, and as a faculty member trying to ensure that his psychotherapy students have as few gaps in their knowledge as possible.

Kottler identifies a number of reasons why, despite extensive training, newly qualified therapists have much to learn. Sometimes this is due to serious omissions on the part of the training courses themselves: for example, he discusses how the experience of deep, complex communication in therapeutic relationships can change the new therapist's expectations of their personal

relationships. Few trainee therapists are warned of how their training may affect their entire lives.

However, most of the issues identified here are not inadequacies of courses but intrinsically unteachable things; I appreciated the author's attempts to put into words the moments of intense connection in therapy that are impossible to communicate to anyone who has not experienced them. He makes an interesting point that qualified therapists rarely see each other work, so most of what he has learned has come directly from clients. He also observes that in training, we can underestimate the value of our knowledge because it is shared by everyone around us. It is only in clinical practice that we come to discover that providing what seems to us to be very basic

information can be our most useful service to clients.

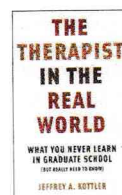
Another intrinsic problem in training therapists is what Kottler calls 'the fickle nature of knowledge in our field' – or his rather depressing claim that half of everything learnt will be useless within 10 years. The challenge for courses is to find a way to teach the very latest theories, while simultaneously urging students to continue learning throughout their career, as the concepts they are currently mastering will soon be obsolete. His approach to this dilemma is to emphasise basic therapeutic skills and common features across theoretical approaches; this is an old idea, but his discussion is still an interesting one.

As well as tips for improving therapy skills, the book has some practical suggestions

about office politics, presentation and teaching skills, and writing for publication. US/UK differences do not get in the way of the author's ideas, and in fact the section on the influence of insurance company policies translates extremely well to an increasingly cost-driven NHS. The personal anecdotes, often self-deprecating, enliven the book and endear the author to the reader. I found the book both useful and thought-provoking, and will be seeking out a few of Kottler's many others.

I Norton; 2015; Pb £18.99

Reviewed by Dr Emma Taylor
who is a clinical psychologist
with North Essex Partnership
NHS Foundation Trust



Extreme cinema

The Revenant
Alejandro González Iñárritu (Director)

This piece is not a review of *The Revenant*. This bit is: Di Caprio dies a dozen deaths and is reborn each time to a new nightmare. The camerawork and sound are so intimate you can almost feel each rasping breath on your face. The landscape looks suitably awesome, all churning rivers, driving snow and imposing trees leaning into the centre of each frame. In fact, trees seem pretty significant. It's a decent film. 8/10.

But I wouldn't say it's 'enjoyable'. It's the kind of film where you may well hear people coming out of the cinema saying 'Well, that's three-and-a-quarter hours of my life I won't be getting back'. (Incidentally, I think that's how time works in general, and I'm not sure why that particular critique is mostly reserved for films.) I think there's a bit of a trend towards films like this. Before Christmas, I took my young boys to see the latest Pixar offering, *The Good Dinosaur*. We all came out feeling like we'd really been through the mill: never mind 'mild threat and peril', this was non-stop suffering and you'd struggle to even say it had a happy ending.

To be fair, that was a bit of a surprise, whereas I knew perfectly well that *The Revenant* would be hour upon hour of Di Caprio dragging his broken carcass through inhospitable landscapes. And still I went. Why?

I wonder whether there is a kind of cinematic Ikea effect [tinyurl.com/owjyd7s] at play: the more work you put into something, the more you value it. This might even extend to understanding what on earth it is that the characters are saying: Bryan Singer deployed the 'deliberately unintelligible dialogue' tactic in *The Usual Suspects*, Christopher Nolan took the baton and flew in *Interstellar*, handing it



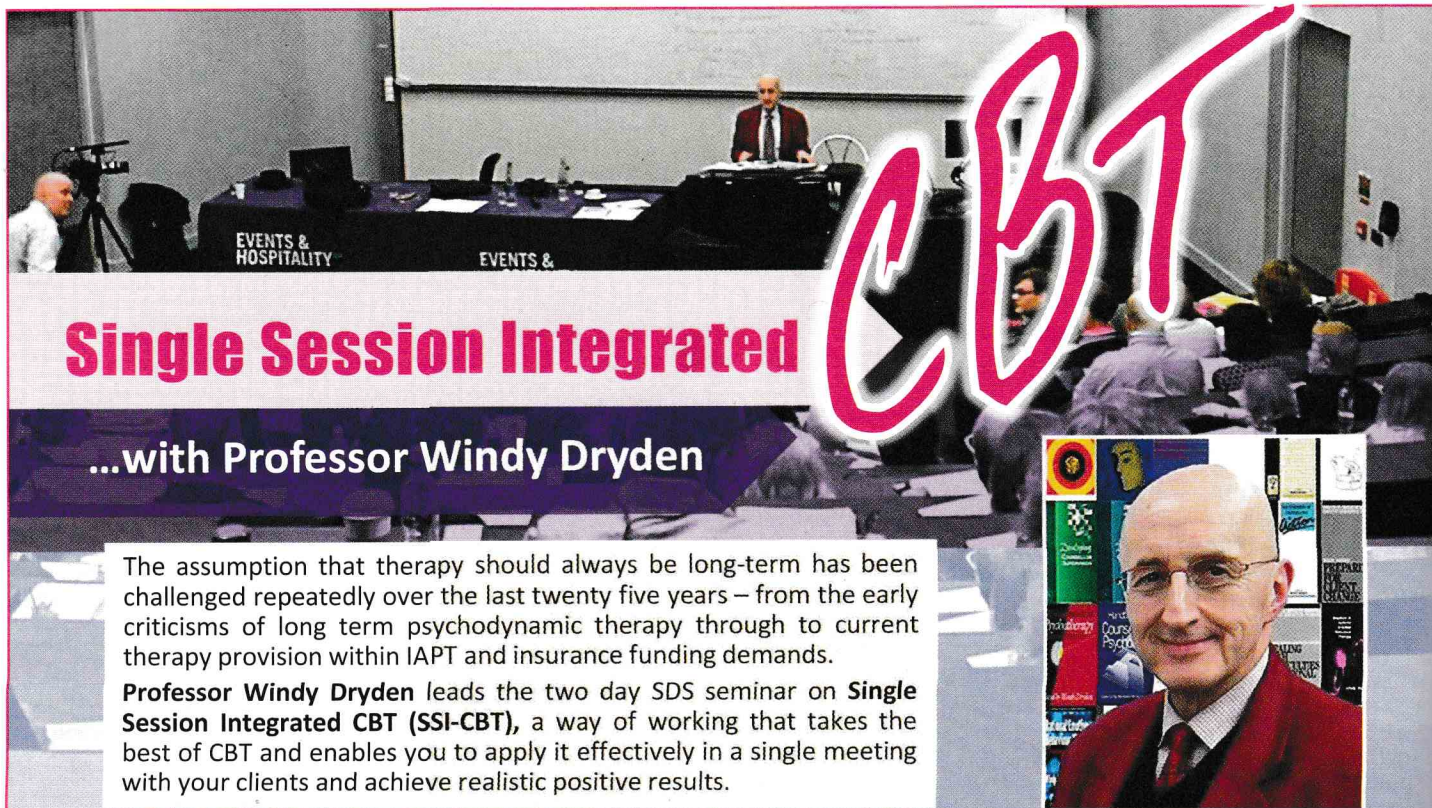
to one of his charges Tom Hardy – who seems to be making it his *modus operandi* (see his 'Bane' in *The Dark Knight Rises*) – to mumble on in *The Revenant*. At least the plot is clear enough... I'm convinced another trend is for filmmakers (and writers for TV, come to that) to employ the 'Guru effect' [tinyurl.com/htm33hq], leaving people so

baffled by the disjointed goings-on that they feel the only explanation is they're in the presence of great intellect.

Maybe I'm overthinking it, and it's just the age-old artistic tradition of playing with extreme emotions in a safe environment. Di Caprio embodies determination: 'As long as you can still grab a breath, you fight.' Perhaps we live in such a cosseted age, so removed from the wilds filling the screen here, that it's fun to imagine being forced to show such resilience. It is indeed a good game to spot the point in *The Revenant* at which you would just slump in a corner and quit... I think I lasted about seven minutes.

I'm fully aware that having a pop at *The Revenant* for being relentlessly bleak is like criticising Ant and Dec for lacking sufficient gravitas. But I remain intrigued by the notion that actors have to suffer for their art – Di Caprio got bashed about and cold, therefore he's a shoe-in for an Oscar – and that we have to suffer by extension. Could psychologists shed light on this growing trend for 'extreme cinema' [tinyurl.com/gm9kjr4]? I asked a couple of them... see the online version of this review for their thoughts.

I Reviewed by Dr Jon Sutton who is Managing Editor of
The Psychologist

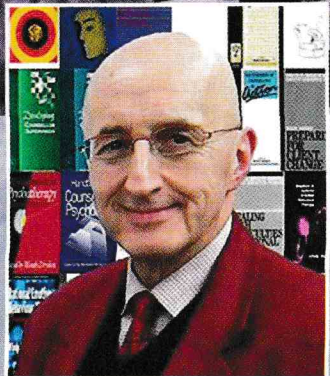


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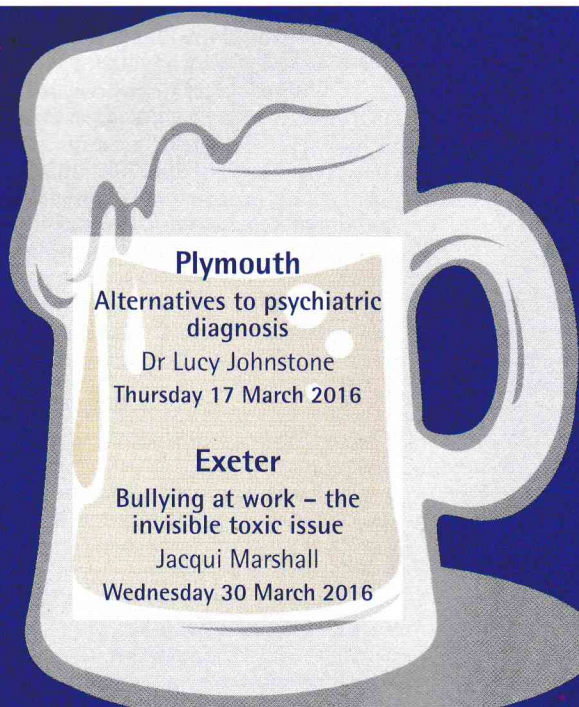
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The centenary of a maverick

Philip J. Corr on the life and work of Hans J. Eysenck

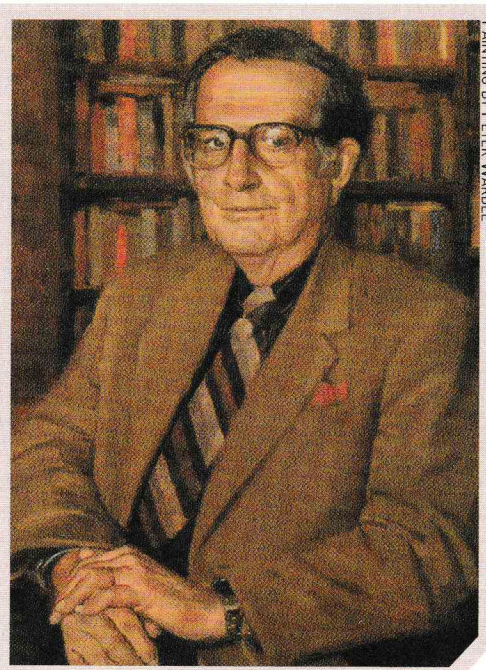
Hans J. Eysenck (1916–1997) enjoyed an extraordinary life in British psychology, much of it played out in the limelight of public attention. His fame and influence extended beyond the shores of these isles, to encompass the globe. He inspired generations of psychologists, many of whom were enthralled by his popular books that made psychology seem so vital, relevant and even urgent. His was an open invitation: arise from the supine position on the analytical couch, leap out from the comfort of the philosophical armchair, and visit the psychology laboratory – one chapter in *Fact and Fiction in Psychology* (Eysenck, 1965a) is titled, 'Visit to a psychological laboratory'. His easy-to-understand causal theories of 'what makes people tick' (exposing the inner working of the human clock) were especially fascinating to an inquisitive public. He also courted controversy: his style of advocating change and some of the positions he took, especially on politically charged issues like race and IQ, attracted criticism of his work, and of him.

4 March 2016 would have been Hans Eysenck's 100th birthday. This offers a timely opportunity to reflect upon the growth of psychology over the last century and Eysenck's role in it, including an evaluation of the controversial

aspects of his career. Perhaps more than any other British psychologist, his story is its story.

A very public psychologist

But first, the fame Eysenck acquired during his life needs highlighting. He adored the attention of the general audience and relished being the public face (and, somewhat ironically, the gentle



German voice) of British psychology. Such was the interest, he was interviewed in 1990 as part of the *Face to Face* television series, which included interviews with other luminaries: actors such as Kirk Douglas, film directors including Steven Spielberg, and comedians like Billy Connolly. In 1994 a whole BBC programme was devoted to him in the *Heretics* series. Eysenck was also in demand by popular magazines, from the middle-brow *Reader's Digest* to the top-shelf *Playboy* and *Penthouse* (where some of his most insightful interviews may be found: e.g. Cohen, 1970).

Echoing similar sentiments to Diana, Princess of Wales, who died just a few days earlier than him, Eysenck's obituary in *The Guardian* called him the 'People's psychologist'. Somewhat like Diana, people seemed to identify with him, and it was not always clear exactly why – in their very different, and less than flawless, ways they touched on issues that other people considered important.

All of this was quite extraordinary for an academic psychologist.

Eysenck's contributions were many, varied and significant, including: the professional development of clinical psychology; the slaying of the psychoanalytical dragon; pioneering behaviour therapy and, thus, helping to usher in the era of cognitive behavioural therapy (although he had little time for the 'cognitive' part); and developing a highly influential model of the biological nature of personality and individual differences, which now provides the general framework for personality psychology today. As the years pass, the rapidly developing field of *personality neuroscience* started to uncover the biologically grounded corporeal nature of the traits that Eysenck envisioned as early as the 1940s (e.g. DeYoung et al., 2010). What Eysenck set out to do was not only *describe* personality but also *explain* it – given the resistance to such biological accounts in the 1950s/60s, as Dick

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Passingham notes, this was 'very brave' (Corr, 2016, p.332). Nowadays, cognitive neuroscience is all the rage, but back then it was seen by many people as little more than a scientifically sterile dogmatic approach with no future. Eysenck's pioneering work in the science of personality assures him a place in the history books.

On their own, these are remarkable achievements. But they are far from the whole story. From the 1950s to the 1990s, Eysenck built one of the world's leading psychology departments at the Institute of Psychiatry (IoP; now the Institute of Psychiatry, Psychology and Neuroscience, IoPPN, at King's College London), which fast became a foremost centre of research excellence and the handmaiden of scientific clinical psychology. Demonstrating his foresight, from the early days, Eysenck wanted a three-year clinical doctorate, with the first year entailing psychiatric experience and the following two years research training – it took many more years for the MSc in Clinical Psychology to become the Clinical Doctorate we have today and to which so many psychology graduates aspire.

William Yule (2015; see also Yule, 1998) gives a very favourable view of Eysenck's contribution to the development of clinical psychology, recalling how Eysenck and Aubrey Lewis went to the University of London to get course approval. This they received at the meeting, only later to discover that Cyril Burt had pressurised the committee secretary to record a 'reject' decision. Eysenck and Lewis had to troop back to Senate House to get the approval for a second, and final, time. (Jack Rachman, similarly, recounts the vital role played by Eysenck in the early days of clinical psychology, and also behaviour therapy; see Corr, 2016, pp.300–301.) These major developments took place in the less than auspicious surroundings of the newly formed IoP, which resided over two floors of a private wing of the Maudsley Hospital with bathrooms and kitchens

serving as testing rooms. This was very much a time of 'make do', and resourcefulness of the Eysenck kind was much needed.

Less well known, Eysenck may be credited with establishing the rationale for evidence-based therapy – as Dick Passingham notes, 'We owe it to Hans, evidence based medicine' (Corr, 2016, p.332). Following Eysenck's 'controversial' 1952 paper on the lack of evidence for the effectiveness of psychotherapy, it was recognised that the literature should be properly summarised from a statistical point of view and meta-analysis was born (Smith & Glass, 1977) – these authors were frustrated that 'Most academics have read little more than Eysenck's (1952, 1965[b]) tendentious diatribes...' – clearly out of a negative can come a positive! True to form, Eysenck (1994) later criticised the uses to which meta-analysis is put, calling it 'mega-silliness' when used merely to summarise poorly conceived and conducted empirical studies. He quoted Ernest Rutherford as saying: 'When you needed statistics to make your results significant, you would be better off doing a better experiment.' Most certainly, Eysenck may well be credited with the call that psychotherapy should be *empirically* evaluated – although commonplace today, back in the 1950s, this seemed an extraordinary, and quite unreasonable, demand.

Reputation and recognition

Such were Eysenck's achievements, awards and honours should be expected to come in quick succession. Not so

Meet the author

'During my pre-degree study of psychology, I was impressed by the quality, scope and implications of Hans Eysenck's writings. His books are so accessible, are "about people", and they seem to offer scientifically grand theories of everyday behaviour (e.g. smoking and neurosis) – like no other psychologist then or since, Eysenck opened up the promise of a truly integrated scientific psychology. Much later, during my PhD at the Institute of Psychiatry, although this naive impression was moderated by the scientific literature, my appreciation of what Eysenck was trying to achieve never faded. Whilst at the IoP, I met Eysenck and even shared a desk with him for three months, although our paths rarely crossed – my doctoral research contrasted his theory of personality with that of Jeffrey Gray. I could not have imagined that some 20 years later I would be publishing a biography of Eysenck! Despite reservations regarding his specific theories, and especially some of his pronouncements – some of which were plain silly – then and now, Eysenck is a vital life force who set the scientific agenda for us either to work towards or actively oppose. His work, and he himself, still matter.'



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though in Britain, despite his fame and reputation in the international psychology community. As a matter of fact, he was way ahead of other British psychologists in terms of fame and citations. This fact is not appreciated enough today. According to Haggbloom and colleagues' (2002) analysis of eminence in 20th-century international psychology, Eysenck was the third most cited psychologist (after Freud and Piaget – no other British psychologist even appears in the top 25); their survey of international psychologists places him 24th (again no other British psychologist

288–289.

Eysenck, H.J. (1944). General social attitudes. *British Journal of Sociology*, 1, 56–66.

Eysenck, H.J. (1947). Social attitude and social class. *International Journal of Opinion and Attitude Research*, 1, 49–84.

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Eysenck, H.J. (1965b). The effects of psychotherapy. *Journal of Psychology*, 1, 97–118.

Eysenck, H.J. (1990). *Rebel with a cause: Autobiography of Hans Eysenck*. London: W.H. Allen.

Eysenck, H.J. (1994). Meta-analysis and its problems. *British Medical Journal*, 309, 789–792.

Eysenck, H.J. (1999). *The psychology of politics*. New Brunswick, NJ: Transaction Publishers. [Original work published 1954]

Eysenck, H.J. (2014). *Crime and personality*. London: Routledge. [Original work published 1964]

Eysenck, H.J. & Coulter, T.T. (1972). The

personality and attitudes of working-class British communists and fascists. *Journal of Social Psychology*, 87, 59–73.

Eysenck, H.J. & Nias, D.K.B. (1978). *Sex, violence and the media*. London: Maurice Temple Smith.

Eysenck, M.W. (2011). Review of Buchanan, R.D. (2010). *Playing with fire. The controversial career of Hans J. Eysenck*. *The Psychologist*, 23,

appears on this top 25 list); and by a ranking of publications, awards, distinctions, etc. he was ranked 13th – the next British psychologist appearing in this list, Donald Broadbent, was way down this list at 54th.

These facts make it all the more remarkable that, despite attempts by colleagues (notably his successor at the IoP Jeffrey Gray), he was denied a Fellowship of the British Psychological Society (BPS), and was never considered for a Fellowship of the Royal Society, which according to Patrick Rabbitt, 'he deserved for his best work' (Corr, 2016, p.291). As a result of his choice of topics to study and his style – often of an abrasive nature in print, but never in person – he accumulated too many enemies, many of whom were less than willing to forgive and forget. However, after his death, the BPS established the Hans Eysenck Memorial Lecture (although, unlike other awards, in recent times this seems to have fallen into abeyance). Although Eysenck was shunned by the psychology establishment in Britain, he was feted in the USA with the award of several distinctions from the American Psychological Association (APA) and the American Psychological Society (APS).

In a real sense, Eysenck was always an outsider; during WWII a legal one and, then later, a psychological one. In academia, this started with Cyril Burt's opinion that he was nothing more than a German Jewish upstart on the make, and the ringleader of a 'Jewish Plot' at the Maudsley (Buchanan, 2010) – all very ironic, because Eysenck never considered himself Jewish, as neither of his parents were of this religious persuasion. The parents of his maternal grandmother were though – in fact, his father, Eduard, did very well under the Nazis, and during his teenage years the young Eysenck could have expected equal favour. But, this was not to be because he hated the Nazis and everything for which they stood. He voted with his feet, leaving Germany, in 1934, at the age of 18, first, and briefly, for France

and then London where he spent the rest of his life.

A quote by Bill Yule sums up nicely, My overall view is that Hans made a great contribution to UK psychology. However, he was an outsider from the start. Initially Burt promoted him as a gifted protégé but as soon as he showed some independence, he saw him as a rival. He is on record as saying it was not British for a student to be publishing so much! The establishment (i.e. Oxbridge) were jealous of his facility to write clearly and never gave him the credit he deserved. (Personal communication, 14 October 2015; quoted with permission)

The art of controversy

'Controversy!' – how better to stall debate. In too many people's eyes, this adjective defined Eysenck. In his impressive biography, aptly named *Playing with Fire*, Buchanan (2010; for a summary, see Buchanan, 2011: tinyurl.com/zr4whdm), noted that, increasingly during Eysenck's later years, the considerable credits he had accumulated during his earlier remarkable career seemed – at least, to some people – to be frittered away on marginal, and as they turned out, largely futile scientific pursuits.

As his son Michael Eysenck (2011; see also 2013) stated, If only my father had focused his research more on behavioural genetics rather than wasting his time tilting at an endless succession of windmills!

Well known to the general public are Eysenck's pronouncements. On these topics there was little empirical research of his own – on such controversial subjects as (a) race, IQ and education, (b) smoking, cancer and personality, and (c) intelligence, social class and inequality; and, then, there were his dabblings in the fringe fields of astrology

and parapsychology. Much of this work raised eyebrows in the academic community, and sometimes fists in the lecture theatre (e.g. at a disrupted lecture at the London School of Economics), and achieved little of lasting value. They most certainly tarnished his reputation, if not his legacy.

To illustrate the complexity of Eysenck's views, consider his collaboration with Grossarth-Maticek, and the extraordinary claims of their research (which Eysenck helped write up for publication). This included the development and test of a form of psychotherapy that seemed to reduce significantly the probability of developing cancer and coronary heart disease. Using the same therapy, evidence was also presented that seemed to show that it could also reduce (according to the data, eliminate) social prejudice (for a discussion of this literature, see Corr, 2016; Buchanan, 2010).

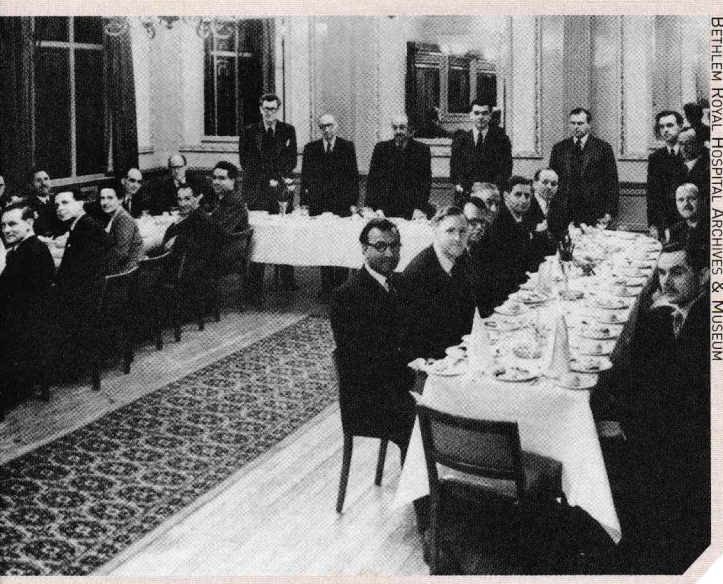
In the midst of raised eyebrows and flying academic feathers, real scientific issues were, and still are, at stake. For example, the relationship between psychology and medical disorders is a highly important one, and it should be no surprise if, as Eysenck always insisted, personality played a role (e.g. being vulnerable to stress and, thereby, having an impaired immune system; see Chapman et al., 2013). Indeed, recently, there is also evidence that people can die of a metaphorical broken heart (Carey et al., 2014). Eysenck's interests in psychosomatic medicine reflected his non-Cartesian (monist) view of the mind–body, which extended to social concerns that he considered to be largely psychological in nature and, thus, in need of psychology treatment (e.g. the effects of sex and violence in the media; Eysenck & Nias, 1978). But again in such areas he was treading on political toes (e.g. criticising variously: the alleged benefits of the 'permissive society'; progressive education with the dismantling of the

736–737.
Eysenck, M.W. [2013]. Lost in shadows? In B.D. Kirkcaldy (Ed.) *Chimes of time: Wounded professionals' essays on recovery* (pp.245–258). Leiden: Sidestone Press.
Frith, C.D. [2007]. *Making up the mind: How the brain creates the mental world*. Oxford: Wiley-Blackwell.
Haggblom, S.J., Warnick, R., Warnick, J.E. et al. [2002]. The 100 most

eminent psychologists of the 20th century. *Review of General Psychology*, 6, 139–152.
Kahneman, D. [2012]. *Thinking, fast and slow*. London: Penguin.
Parsons, S.R. [1990]. *Communism in the professions*. PhD thesis, University of Warwick. Available at <http://tinyurl.com/hh8by4r>
Rokeach, M. [1973]. *The nature of human values*. New York: The Free Press.

Rokeach, M. & Handley, C. [1956]. Eysenck's tender-mindedness dimension: A critique. *Psychological Bulletin*, 53, 169–176
Shapiro, M. [1948, February]. Some notes on mental testing. *Communist Review*.
Smith, M.E. & Glass, G.V. [1977]. Meta-analysis of psychotherapy outcome studies. *American Psychologist*, 32, 752–760.

Yule, W. [1998]. Obituaries. Rebel with cause: Hans Jurgen Eysenck. *Behavioural and Cognitive Psychotherapy*, 26, 183–187.
Yule, W. [2015, October]. *Clinical psychology: The early years, 1939–1963*. Paper presented at the BPS 'Stories of Psychology' symposium Clinically Applied: Origins of a Profession. Senate House, University of London.



grammar school system; ignoring intelligence differences when accounting for the existence of social class; sex differences in personality and intelligence; and so on). Eysenck's lack of recognition in the Honours List – which he might have expected for his outstanding contribution to British psychology – stands as a warning to those who hope for a token of public recognition, that meddling in 'controversial' areas is a little more than frowned upon in the world of political patronage.

As the case of smoking and cancer shows, Eysenck took the role of a scientific advocate. He wanted to win the (cold) logical argument and was less interested in the (hot) evidential debate. In these ways, he was playing a different intellectual game to many other participants and, for this reason, they so often could not see eye-to-eye. Reflecting his own contradictory psychology (discussed in Corr, 2016), Eysenck was never one to weigh unpassionately the 'probability of the evidence': his stamp of (dis)approval was all over the conclusions he reached (e.g. the corrosive effects of media sex and violence; see Corr, 2016, p.176). This was especially apparent in the case of smoking and cancer. For example, the *logical* argument that 'smoking does not kill' (at least, as Eysenck framed it) is valid, but it ignores the weight of evidence, which is now overwhelming (e.g. Banks et al., 2015) and in Eysenck's day compelling (see Richard Peto's comments; Corr, 2016, pp.321–332). However, Eysenck's purely logical points are important (relating to *necessary* and *sufficient* conditions; see Corr, 2016, pp.232–234): they leave open the causal door on which the opportunity for future research findings may yet come knocking to show that dispositional factors (e.g. personality) are involved in

the initiation, continuation and cessation of smoking – and even in the probability of developing cancer. Can we be sure that these factors are *not* important?

Time sometimes resolves such issues. When Eysenck was shouted down in 1958 by the audience at the Royal Medico-Psychological

Association (RMPA), when he denounced psychoanalysis and advocated behaviour therapy, he was being 'controversial' and 'provocative', but as Dick Passingham (in Corr, 2016, p.87) notes, 'The Psychiatrists were wrong'. Should Eysenck have been silenced then, or even sacked as some psychiatrists at the Maudsley demanded as they marched, pell-mell, off to the office of Aubrey Lewis (the Dean of the Institute of Psychiatry)?

In all of these debates, to understand Eysenck fully, it is necessary to know of the entertainment side of him. He was a performer. As he noted (Eysenck, 1990), 'a lecturer need not become less intellectual and scientific for also being entertaining!'. He very much followed in the footsteps of his mother (a famous pre-WWII screen actress – screen name, Helga Molander), with whom he starred in a film as a child, his father (a high-class *conférencier* – cabaret raconteur), and maternal grandmother (opera singer) who raised him in Berlin. There are also parallels to be drawn between Eysenck's style of engagement and those of 'shocking' and 'sensational' artists (Corr, 2016). It was never just about the science with Eysenck!

Psychology and politics

Perhaps unseemly to mention in the current climate of political apathetic cynicism, Eysenck's work and subsequent reputation were affected by political currents. As he stated in 1990, 'I always had from the beginning the hope that psychological research might be used to improve the human fate, and to find answers to the numerous social problems that beset us', adding 'Our troubles are very largely psychological – i.e., due to "human nature", unreformed and uncontrolled'. Unavoidably, his work

ventured into the political arena, and why should psychology not?

But there was another political influence much closer to home. Starting in the 1940s (Eysenck, 1944, 1947, 1950) Eysenck wrote extensively and, as historical events unfolded, persuasively on the personality types that populate the extreme right and left wings of politics. His views were outlined in the *Psychology of Politics* (1954/1999), which highlighted evidence that the tough-minded include both fascists on the right and communists on the left (see Eysenck & Coulter, 1972) – this personality type relates to an aggressive and dogmatic style. Later Eysenck found that approximately half the variance in this measure is genetic in nature (Eaves & Eysenck, 1974).

Now these ideas were expounded at a time when 'Uncle Joe' Stalin was still enjoying a good press in Britain, and it was common for intellectuals to have communistic leanings or to be card-carrying members of the Party. Here we are talking, not of the treacherous 'Cambridge Five' types, but honourable psychologists of high principles with a desire to affect social change (and many did, for example Jack Tizard's work in mental retardation research and policy). The fact is that many of the leading figures in clinical psychology at the Maudsley (see photo) were communists (notably Monte Shapiro, Barbara and Jack Tizard, Ann and Alan Clarke, Neil O'Connor, as well as the psychiatrist Max Hamilton – a fascinating account is given by Parsons, 1990) and members of the Communist Party Psychologists' group who met regularly around south London. To give a flavour of these times, Shapiro (1948, quoted in Parsons 1990, p.345) considered mental testing as important in uncovering '...the social and biological nature of human ability with a capitalist society, and how it will change under Socialism'.

All of these psychologists were to fall out with Eysenck, and, although it cannot be known for certain, it is highly likely that his views on the unpleasant nature of communism would not have been absent as an influence. Many other psychologists remained loyal to his scientific cause, and to him as the figurehead of a certain brand of psychology (built around a science of individual differences with wide-ranging applications).

In these politically charged times, many people were disappointed by Eysenck's unwillingness to tie his ideas firmly to the Marxist flagpole. During McCarthyism in the USA in the early to mid-1950s – and a lesser form of it in Britain – communists were under

sustained attack and some critics had it in for him, most notably Rokeach and Handley (1956) and Christie (1956). As documented by their letters (Buchanan, 2010, p.2), Rokeach and Christie wanted to 'shaft Eysenck' – I shall leave the psychoanalytical interpretation of the remark to those better qualified to comment. Indeed, Rokeach wrote to Christie, 'The major goal we had set ourselves [sic] was to discredit Eysenck's reputation as a scientific investigator because we had come to the conclusion that he is not' – once again, there is a potent mix of scientific, political and personal antipathy towards the portmanteau caricature of Eysenck.

This was also around the time when the rumour mill started working overtime to insinuate that Eysenck was engaged in academic malpractice, the more serious whispered accusations never finding a footing in fact – although there is evidence of carelessness and the favouring of research findings that supported his preferred theoretical positions (discussed in Corr, 2016, pp.269–274). The lack of official recognition and honours may have been in no small measure the result of this concerted campaign to 'shaft' Eysenck – in this respect, Rokeach and others succeeded in their self-avowed aim. Ironically, Rokeach (1973, p.186) was later to develop his own conceptual scheme of human values, which he stated, 'most closely resembles Eysenck's (1954) hypothesis'.

Centennial reflections

Some of the disconcerting aspects of Eysenck's work reflect schisms in psychology itself, and this is nowhere more apparent than in his main scientific interest of personality (including intelligence). Eysenck is requiring this underdeveloped, and often wayward, academic discipline to take seriously the idea that personality traits reflect *intra-personal* states of motivation, emotion, etc., whilst *at the same time* requiring it to adhere to the main principles of behaviourism that emphasised the centrality of *observable*, preferably experimental, behaviour. Eysenck saw how this gulf could be spanned, and he had the necessary conceptual equipment to set about construction. However, for many psychologists it was a bridge too far – or, at least, a far too shaky one on which to rest the future of psychology.

All of this speaks to the nature of psychology. Few would dispute the claim that, although a vibrant field of research and practice, psychology remains fragmented, composed of an often loosely

connected collection of disparate areas, containing no *universally* accepted theoretical foundations (e.g. Banyard, 2015). Eysenck recognised this fact and sought to develop a paradigm for psychology. But, he came to embody the unsettling features experienced by the profession: people projected onto him their own feelings of conflict (e.g. its claim to be a 'proper' science in the image of the physical ones). Eysenck was the emotional lightning conductor; and, from this source he got the intellectual charge to power him throughout his many scientific and personal 'battles', as he chooses to call them in his autobiography (Eysenck, 1990).

Scientific attitude and canons

Well, what are we to make of Eysenck's attitudes and beliefs? And, importantly, what can we learn that is of relevance to psychology 100 years after his birth? Is he merely a ghostly figure of the scientific past, or does his spirit live on and have relevance for the concerns, both in terms of theoretical perspectives and policy, today?

Eysenck was certain that people differ in their temperament, personality and cognitive abilities, and these individual differences matter for the whole of psychology and its applications (e.g. occupational, educational, and social policy). For this reason, systematic individual differences should be incorporated into all experimental designs, behavioural, psychophysical (and physiological) and neuroimaging studies, as well as all areas of applied research. Burying most of the between-people variance in the 'error' term is not good enough for psychological science that has the serious aim of explanation and prediction.

Running through the entire corpus of Eysenck's work is the view that the mind is a *product* of nature (biology) and nurture (environment), and it is the two working *together* that produces the observed phenotype (e.g. extraversion, intelligence and social attitudes). This implies that all psychological research should be *biosocial* in nature, especially as 'environmental' influences have to go through the brain where significant individual differences are evident in the selection, shaping and interpretation of what is 'out there' (Frith, 2007). In all of this, Eysenck called for the unification of the differential and experimental schools of psychology, seeing them as merely flip sides of the same scientific coin (Cronbach, 1957).

Eysenck also called attention to the nonconscious-automatic nature of behaviour, regulated by conditioning processes (e.g. in those prone to criminality: Eysenck, 1964/2014).

Today many of his views on the nature of mind–brain find a ready audience in judgement and decision making research, and especially in behavioural economics, where System 1 (reflexive-automatic) processes are assumed to reign supreme over System 2 (reflective-controlled) processes (Kahneman, 2012).

Finally, Eysenck may be seen as the grandfather of impact, and not because he chose to follow the expedient path. In the era of Research Excellence Framework (REF)-defined 'impact', Eysenck's call that psychological research should underpin social policy debate seems prescient. However, less consistent with REF impact is his demand that such research should be conducted without consideration of possible outcomes, as these are unknown: scientific knowledge should not be hindered by political concerns of how it

"Eysenck always pointed to the political winds that blow around the social sciences"

might be used. For him, scientific knowledge and political implications are different things and should be kept separate (personal values link the two).

In relation to this point is Eysenck's belief that scientists should be free to search for the truth wherever they think it may be found, and without political (however, small or benign the 'p') influence. In addition, the search for 'the truth' should not be inhibited by fear of offending some people. More contentiously, he argues, scientists should be given intellectual freedom of research and expression, and these should be upheld especially in controversial areas where this rule is best tested.

Many readers will dispute some or all of Eysenck's views; and this is the point. His work raises important issues about how we go about the professional business of psychology and the role of psychology in wider society: they open *legitimate* debate. But, where do we draw lines in these debates (e.g. in offending other people's cherished beliefs?). Eysenck always pointed to the political winds that blow around the social sciences, which makes it uncomfortable for those wanting to challenge the status quo.

Although he was most certainly an *enfant terrible*, maybe psychology always needs an Eysenck?

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... with Roxane L. Gervais

'We all work for a common purpose'

One inspiration

I would say two people, my parents. They were strong people who set and adhered to positive standards for themselves and their family. They raised their children to believe in themselves, and they ensured that they provided my siblings and me with the one thing they could, an education.

One moment that changed the course of your career

When I realised that there were efficient and effective ways to motivate people at work and thereby increase their job satisfaction and wellbeing over the course of their working lives. I knew that any workplace could be improved once change was accepted as a natural and essential part of the work environment.

One book that you think all psychologists should read

Set Phasers on Stun by Steven Casey. It is a prime example of how things can go wrong with

technology, despite careful planning and designing. It absolutely peaked my interest in the human-machine interface. We are having to interface with machines at an increasing rate when at work, so it is useful to identify and perhaps reduce as much as possible what can go wrong when using technologies, especially the human error component.

One challenge you think psychology faces

Creating one identity for psychologists: not easy to accomplish, I know. We all work for a common purpose of assisting individuals and thereby improving various issues within society. We should operate as one entity, which would make it easier to protect the title of 'psychologist', rather than our specific disciplines. We should focus then on educating the public on the different ways we can support them at work, at home and in the community. The majority of people do not understand the nuances across the profession, but rather trust that we can assist them as needed.

One nugget of advice for aspiring psychologists

Believe in yourself and work

towards your goal. Network, volunteer, get involved with the BPS. You will always find someone willing to help you to progress your career.

One film

Up. An animated movie that explores the perceived limitations of old age and, despite these, having the courage to follow your dream. Step out of your comfort zone and challenge yourself to attain what might not necessarily be the unattainable.

One hero/heroine from psychology

Lillian Moller Gilbreth, the American industrial psychologist and industrial engineer, who was one of the first working female engineers to gain a PhD. She is one of the many women who combined pursuing a career with raising a family. Although her family was very large – she had 12 children – she did not let this choice restrict what she wanted to accomplish. She was not an anomaly; women have worked always and have managed to raise families and will continue to do so. So, this is important to acknowledge in the workplace when considering hiring, promoting or developing women and having concerns about their ability to perform when they have family responsibilities.

One thing that the BPS could do better

Being aware of members' needs and engaging with members to a greater extent. Being less inward looking, especially as the world is more accessible. There is a perception that there is disconnection at present between the members and their professional bodies, especially with the BPS/APA.

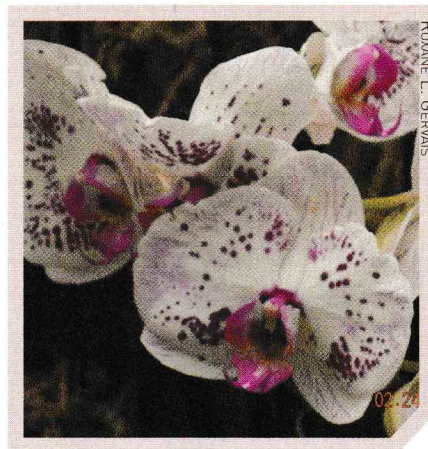
Without the members, these bodies would not exist.

One problem that psychology should deal with

To promote consistency in ethical behaviours in what we do as psychologists and how we do this. This would include ensuring that our work is evidence-based, is transparent and does not harm the people we seek to support.

One place

Anywhere that I can be surrounded by orchids. I love gardening, but unfortunately gardening does not love me! I have had success with orchids though, thank goodness.



ROXANE L. GERV AIS



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Psychology is the scientific study of people, the mind and behaviour. The British Psychological Society is the representative body for psychology and psychologists in the UK. We are responsible for the development, promotion and application of psychology for the public good.

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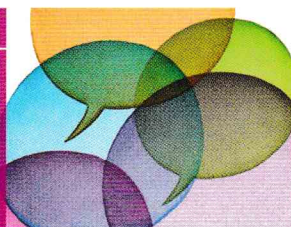
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Latest News



Glasgow hosts conference for psychologists of the future

More than 200 postgraduate psychology students are coming to Glasgow for the 30th annual conference of the Psychology Postgraduate Affairs Group (PsychPAG), which is funded by the British Psychological Society.

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Recent News

> Research Digest: Why dads should thank their handsome sons
If you're the father to a good-looking boy, you might want to...

> Research Digest: What kind of mass murderer dies in the act?
There's a striking fact about mass murderers – an extremely...

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The Society has offices in Belfast, Cardiff, Glasgow and London, as well as the main office in Leicester. All enquiries should be addressed to the Leicester office (see inside front cover for address).

The British Psychological Society

was founded in 1901, and incorporated by Royal Charter in 1965. Its object is 'to promote the advancement and diffusion of a knowledge of psychology pure and applied and especially to promote the efficiency and usefulness of Members of the Society by setting up a high standard of professional education and knowledge'.

Extract from The Charter

Society vacancies

Psychological Testing Centre

Guest Consultant Editor for Test Reviews

See advert p.203

Contact

Ayshea King ayshea.king@bps.org.uk

Closing date 30 April 2016

SOCIETY NOTICES

Social Psychology Section Annual Conference, Cardiff, 31 August – 2 September 2016

See p.187

BPS Annual Conference, Nottingham, 26–28 April 2016 See p.i

BPS conferences and events See p.212

CPD Workshops 2016 See p.213

Division of Clinical Psychology Pre-Qualification Group, Community Psychology event, Birmingham, 11 March 2016 See p.214

Psychological Testing Centre – Notice for Chartered members working in forensic settings See p.219

Psychology in the Pub (South West of England Branch) See p.233



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